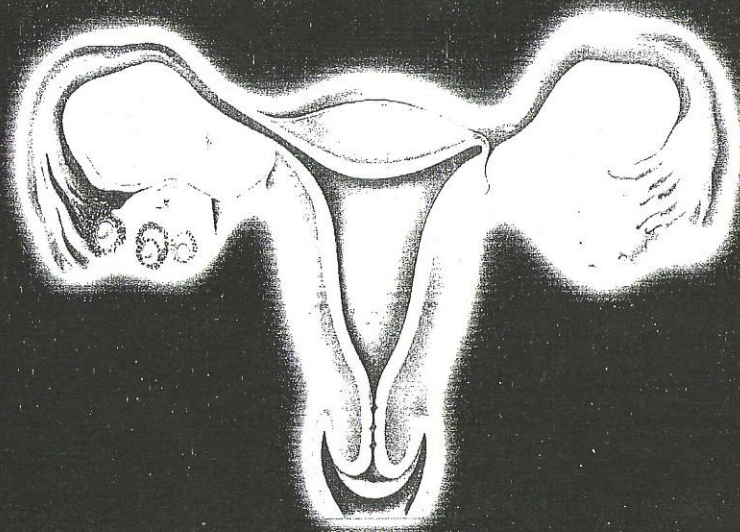




Mind Maps in *Gyn & Obst*



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Gynecology

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Gynecology

1 Basic Science



Anatomy

Embryology (Anomalies)

Physiology

b. cycles

دم

وجع

↑ Abn. genital bl.
↓ Amenorrhea
Dys/menorrhea

Abnormal 2 endocrinology

الولادة *



ext. genit.

9-14 Puberty

متأخر
بكرى

3 infertility ↓

الولادة

عالم

4 Contra-ception

6

ut. cont. عنتة
Prolapse

الولادة

Cx

5 Infection

بجاية
تفخة
نواج

Menopause
↳ Normal changes
↳ HRT

7 Oncology

- cr endomet
Fibroid
endometriosis
- cr cervix
CIN
- cr ovary

الوفاة *

Obstetrics

Normal

1. Preg

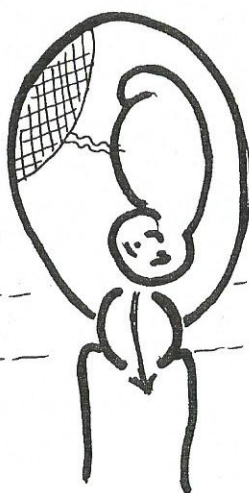
mat. adaptation
fetus --- F.W.B. (CTG)

2. Labor

Power --- uterus
Passenger --- الببي
Passage --- الخوض

3. Puerp.

42 days



Abn. ut. action
Malpresentations
Contracted pelvis

DVT
puerp. sepsis

Abnormal

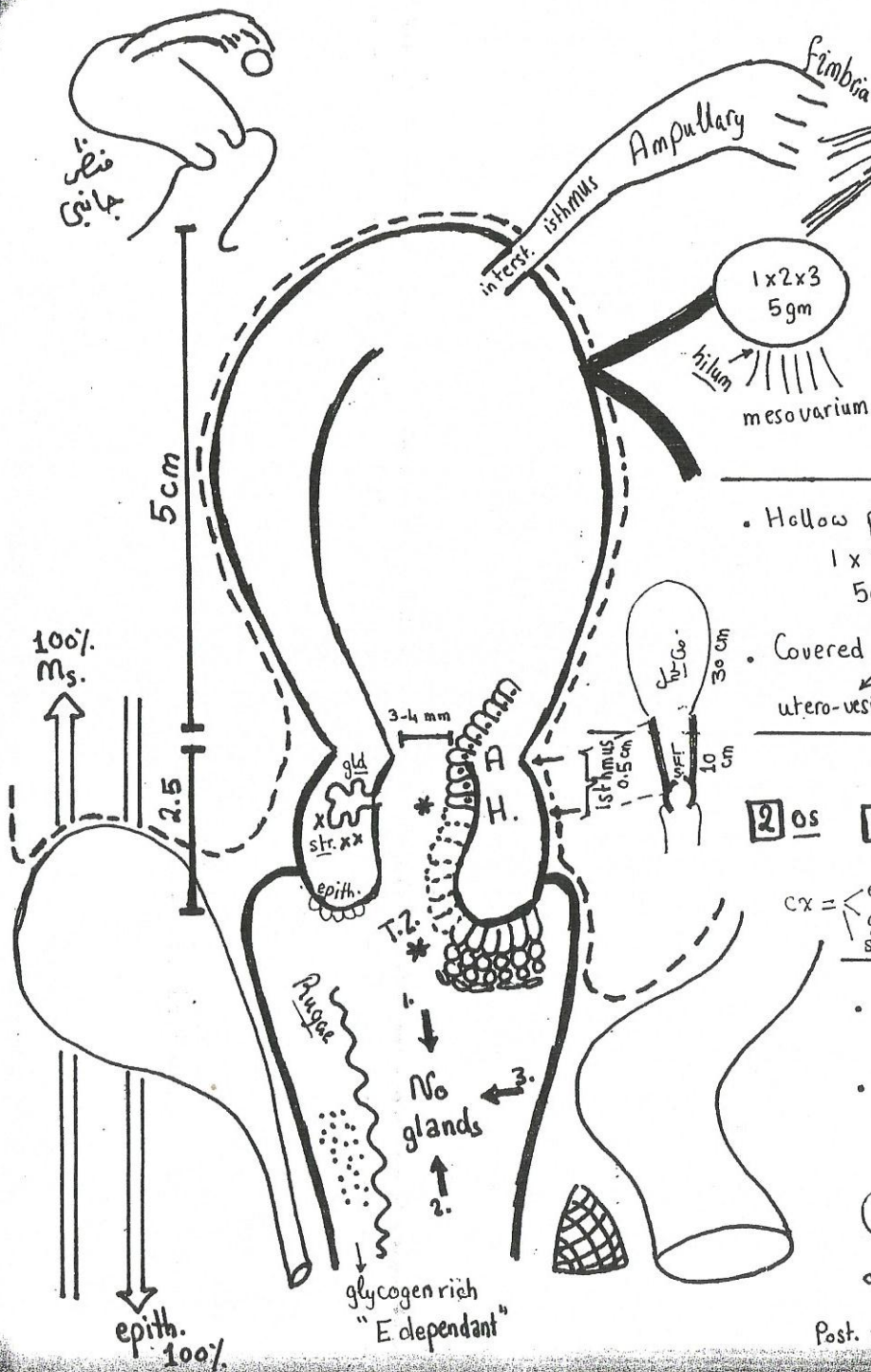
- الأم
- الجنين

diseases

bleeding

- HTN
- HRP
- OM
- heart
- early in preg
- 1] Abortion
- 2] Ectopic
- 3] V. mole
- Late in preg
- 1] P. previa
- 2] Acc. hge.
- Post-partum
- hge
- كثرة

↓ IUGR
↑ macrosomia
↓ oligo
↑ poly
PROM
twins
مشوة الشكل



Anatomy

lies in ! free border of br. lig = 10 cm (4")

lies freely in ! perit. cavity connected by

- 1 ov. lig. to ! uterus
- 2 infundibulo pelvic lig. to lat. pelvic wall
- 3 mesovarium to back of ! broad lig.

• Hollow pear shaped organ
1 x 2 x 3 "
50 gm

• Covered by peritoneum
utero-vesical pouch → D. pouch

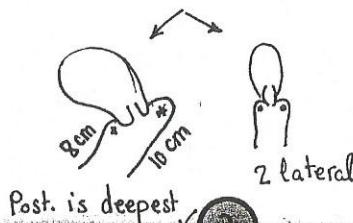
2 os

2 parts

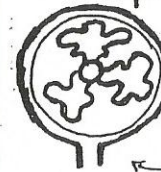
supra-vaginal
portio-vaginalis

cx = epith. glands stroma

- elastic fibro-muscular canal
- cervix projects in its ant. wall :- 4 fornices

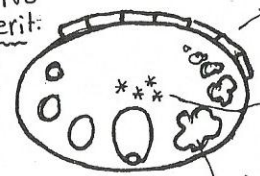


epith.



Parts not covered by perit.
- interstitial
- fimbria
- inf. border

No perit.



cortical epith. (not germinal)
medulla vascular CT stroma
cortex: main compartment

muscles

2 layers
outer long.
inner circ.
prevent retro-grade menses
delay ovum 3 days

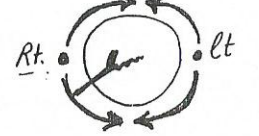
Physiology

- ovum pick up (esp. fimbria ovaric)
- fertilization
- uterotubal sphincter

- ovum production
- Hormones
E P An
in cyclic manner

Pregnancy

Rich in bl. supply



Support

Holds ! baby

⊕ lig. pelvic floor

St. sq. non-Keratinized

□ Rugae

□ No Glands

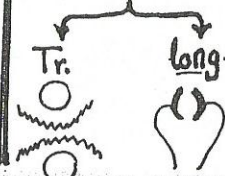
cervix Bartholin vag. transudation
labia D.E.S. :- Vag. adenositis

□ Thick - glycogen rich

"E" dependant
ph = 3.5-4.5

2 layers
outer longitud.
inner circular

Cut section



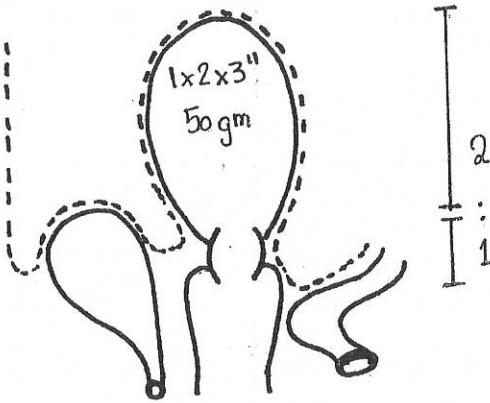
sexual intercourse

(through ext. genit.)

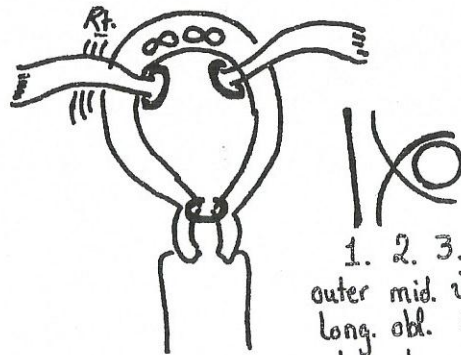
- liable to infect. esp.
- Prepubertal
- Postmenop.

Body

1 Perit

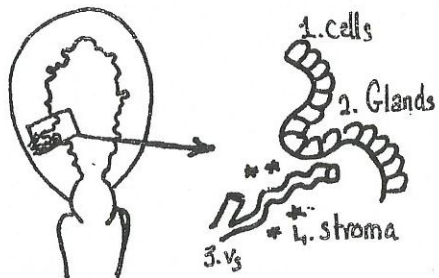


2 Muscle



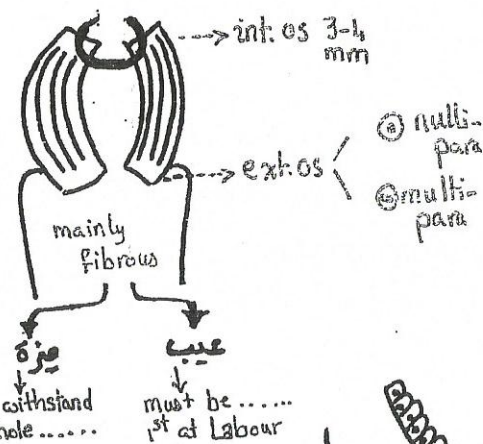
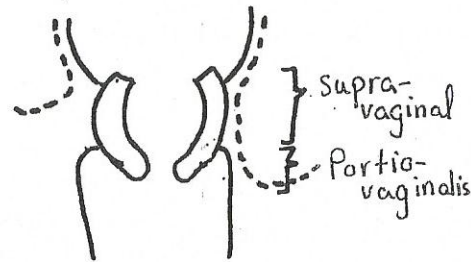
1. outer long.
 2. mid. obl.
 3. inner circ.
- modified as pace-maker
around vessels
3 sphincters
- tubal ostia
cx → int. os
strengthens ! cx
prevents menst. regurgit.

3 Epith.



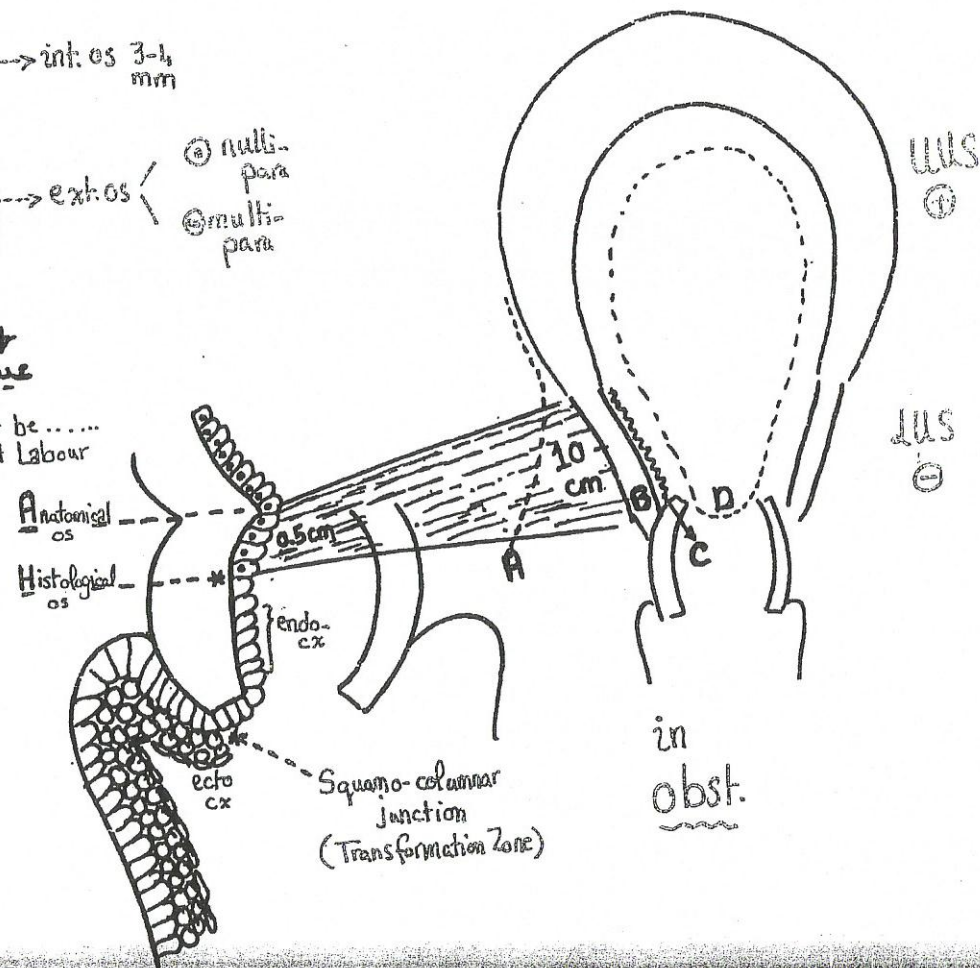
Cervix

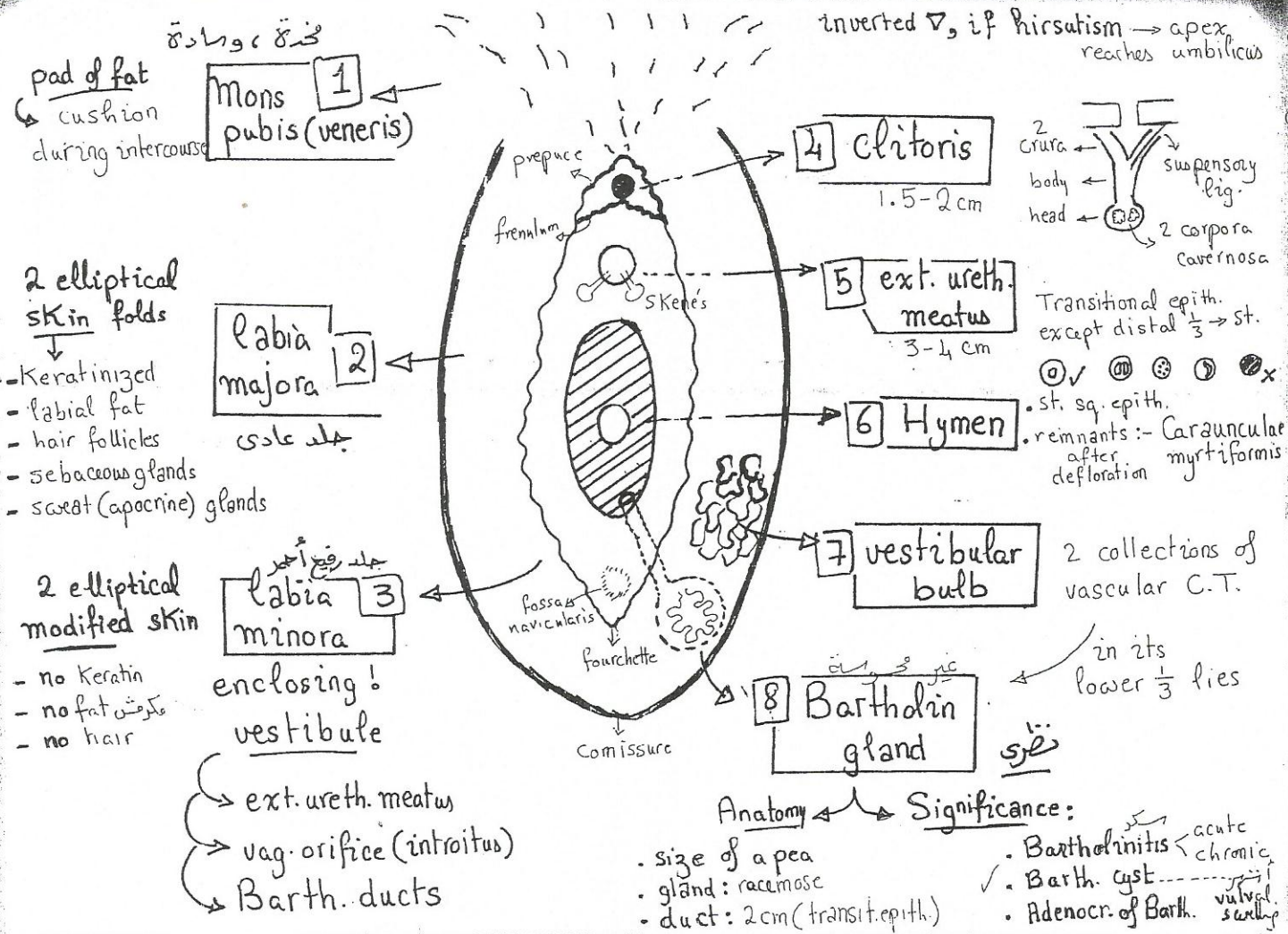
- os int. & ext.
parts supra-vag. & portio-vag.
junct. Hist. int. os
Sq. col. junct.



Isthmus

- A. perit → loose
B. ms → 2 weak layers
C. decidua → weak
D. Amniotic → Loose sac





Vulva

- Bl. supply → Internal pudendal a. ✓
 ± sup. ext. pud. (femoral) & deep
- Nerve supply → Pudendal nerve ✓
 ± - perineal br. of lat. cut. n. of thigh
 - ilio-inguinal
 - hypogastric
 - genital br. of genito-femoral n.
- lymphatics = groin LN.

Vagina

- Bl. supply (very rich) → uterine
 - descending cx-vaginal
 - circular a. of 1 cx → ant. & post. azygous
- IIA → middle rectal, vaginal
- Int. pud. → inferior rectal
- Nerve supply → upper part (insensitive) lower 1/4 (pudendal)
- lymphatics → upper part (with cx) lower 1/4 (with vulva)

Female genital mutilation

Def. All procedures that involve partial/total removal of ext. genit. for cultural non-therapeutic reasons

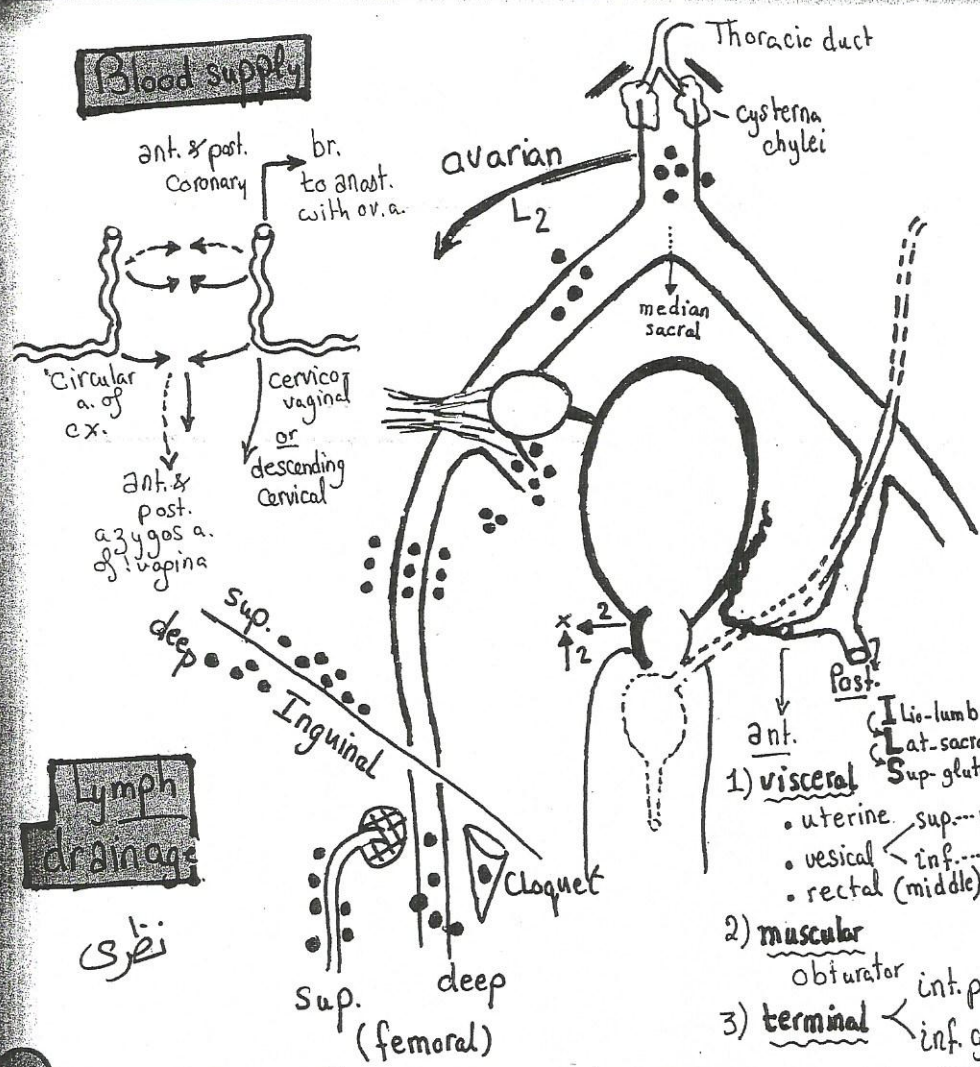
- It is still practiced in Egypt, Sudan
 - tradition?
 - african?
 - religious?
- It is totally condemned by WHO except
 - cosmetic
 - dyspareunia d.t. hypertrophy
 - Nymphomania

types

- I → prepuce or ! whole clitoris
- II → + labia minora
- III → all ! ext. genit. + narrowing of introitus } Sudanese
- IV → unclassified e.g. tattoo, piercing

Comp

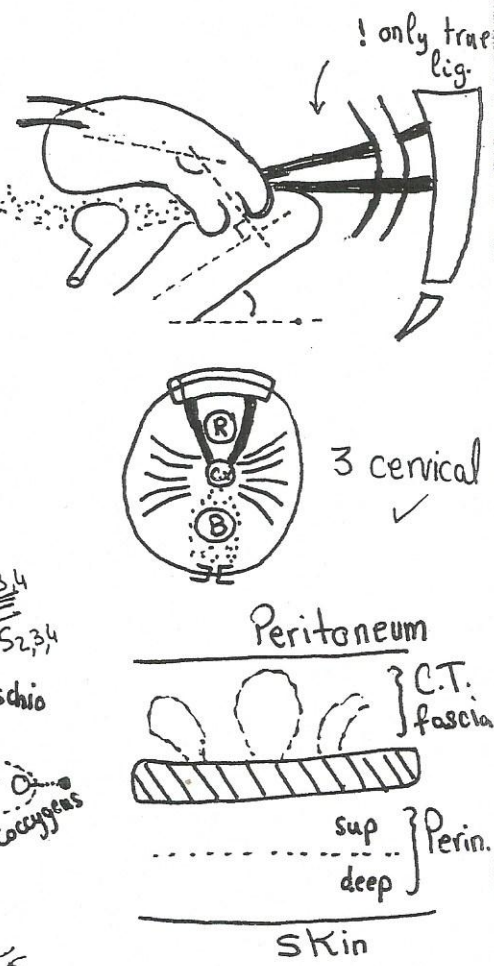
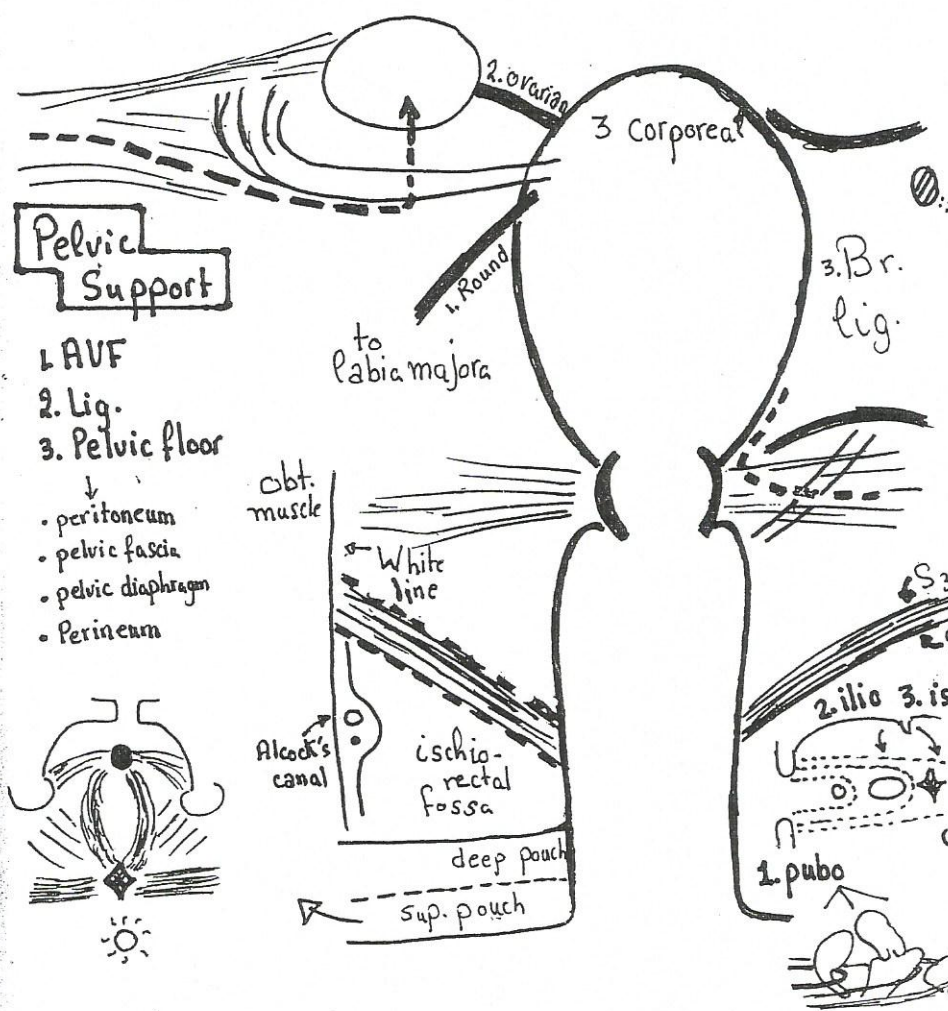
- Immediate**
 - severe pain
 - hge, inf.
 - injury (urethra)
- later on**
 - Psychological
 - Retention dermoid
 - obst. labor (fibrosis)



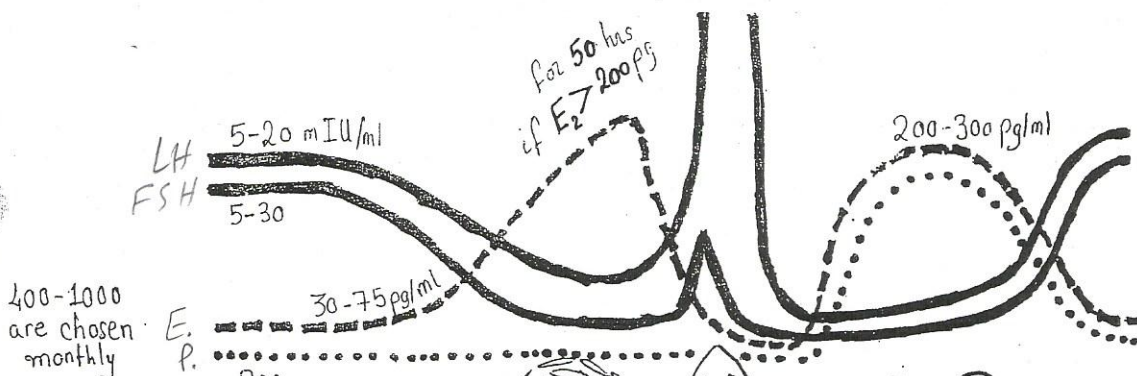
pelvic ureter

12-15 cm

- Surface anatomy**
- Sites of possible injury**
 1. Hysterectomy < abd. & vag.
 2. Pelvic LN
 3. Bilat Int. iliac a. lig.
 4. Adenectomy
- Injury is ↑ by**
 - Distorted anatomy < cong. / acquired
 - Rapid blind clamping
- Injury is ↓ by**
 - Preoperative: IVP
 - intraoperative: clamping should be near uterus under vision
- Injury** < direct / indirect fistula / obstruction



Horm.



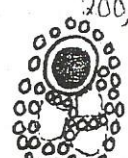
400-1000 are chosen monthly

50 μ



1

Primordial follicle



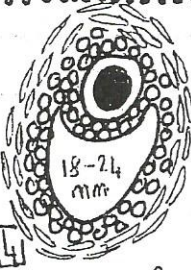
2

Preantral follicle



3

Antral follicle



Preovulatory f.

ovulation

⊗ LH surge

⊗ a small FSH surge

⊗ LH → androgens

⊗ mech. of ovum extrusion

⊗ surge is short lived

- Proliferation
- Vascularization ✓
- Luteinization

1. Gr → Lutein
2. theca → para-lu

if no preg. → regression (14 days)
if +ve preg. → CL of preg. (12 wks)

oocytes (arrested in prophase of 1st meiosis) + single layer of granulosa

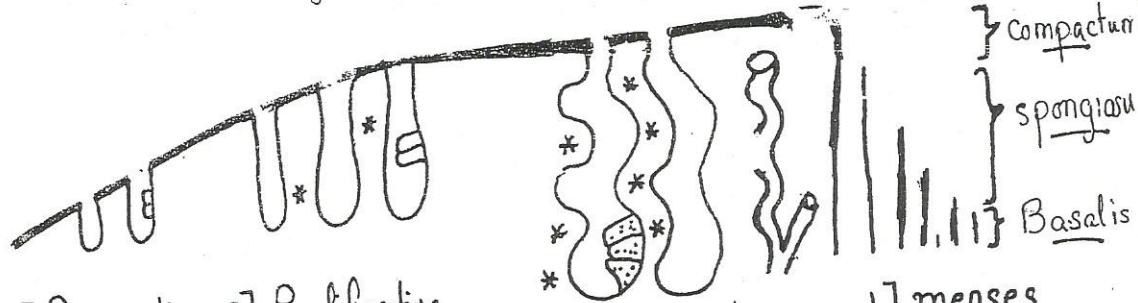
2 cell theory
LH → A (theca)
FSH → E (gran)
+ liquor folliculi
+ zona pellucida
+ liquor folliculi
+ liquor folliculi
+ liquor folliculi

Dominant follicle
escapes atresia d.t. FSH R

mature Graafian foll. = 9 layers
resumption of 1st meiosis
1st oocyte polarb.

1. Cells
2. Glands
3. Stroma
4. vessels

uterus



1] Regeneration 1-2 days 1-2 mm
2] Proliferative 9-10 days 3-4 mm

3] Secretory 14 day 7-8 mm

4] menses 3-5 wks 3-5 days 50-80 cc

wetting +ve Fern +ve Spin Bark

excessive clear watery stretchable

scanty cellular viscid

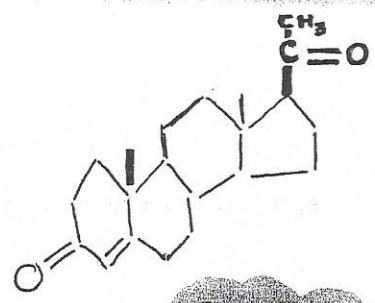
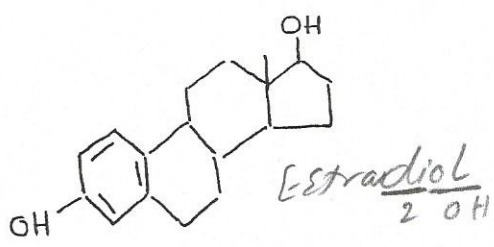
- 1) Superficial cells
- 2) acidophylic cytoplasm
- 3) Dark pyknotic nucleus

- 1) intermediate
- 2) Basophilic
- 3) Clear vesicular

Prog. withdrawal → ↓ edema
→ shrink of end. → coiling of vessels → ischemia → break lysosomes → PGF₂ α
→ more ischemia (4-24 hrs)
→ shedding of str. compact. spong.

Cx

vag.



Estrogen 18

Progesterone 21

- A] Natural**
- E₂ ✓ Estradiol → Estrone
 - E₁ (metabolite of E₂)
 - E₃ (pregnancy) Estriol
 - E₄ (fetal) Estetrol
- Both are**
- Bound (99% SHBG)
 - free level (1%)
 - metab. in liver (prog..... pregnandiol)
- Source**
- Glands
 - P. conversion from androgen

- A] Natural**
- ovary (C.L.)
 - Placenta
 - supra-renal (small amount)

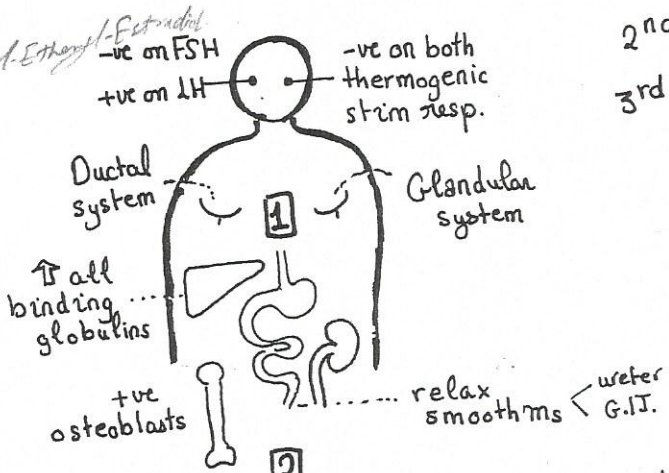
B] Semi-synthetic

- Ethinyl estradiol
- Mestranol

C] Synthetic

- Stilbestrol
- D.E.S.

- vag. adenosis
- pat. int. os
- T-shaped ut
- tubal anomalies



- anabolic Ptn**
- LDL ↓
 - HDL ↑
 - lipid
 - Coag.

metab.

- salt
- H₂O (ret.)
- obesity

- Proliferation + ↑ oxyt. R.

- Secretory endomet.
- pseudodecidua & atrophy
- ↓ sensitivity to oxyt. relaxant.

- +ve Spinb.
- +ve Fern
- fluidy sec. + Goodell
- acidic ← glyco. + thick + Chadwick
- Jacque Meir

- ↓ thickness & acidity
- intermediate basophilic cells

Uses

1] To improve vulva & vagina

- Prepub., post menop. V.vaginitis
- Vulval dystrophy
- Trophic ulcer in prolapse

2] ERT → T.F.S.

3] Bleeding → Acute

4] Infertility → with clomid

5] Contraception → emergency

both :-

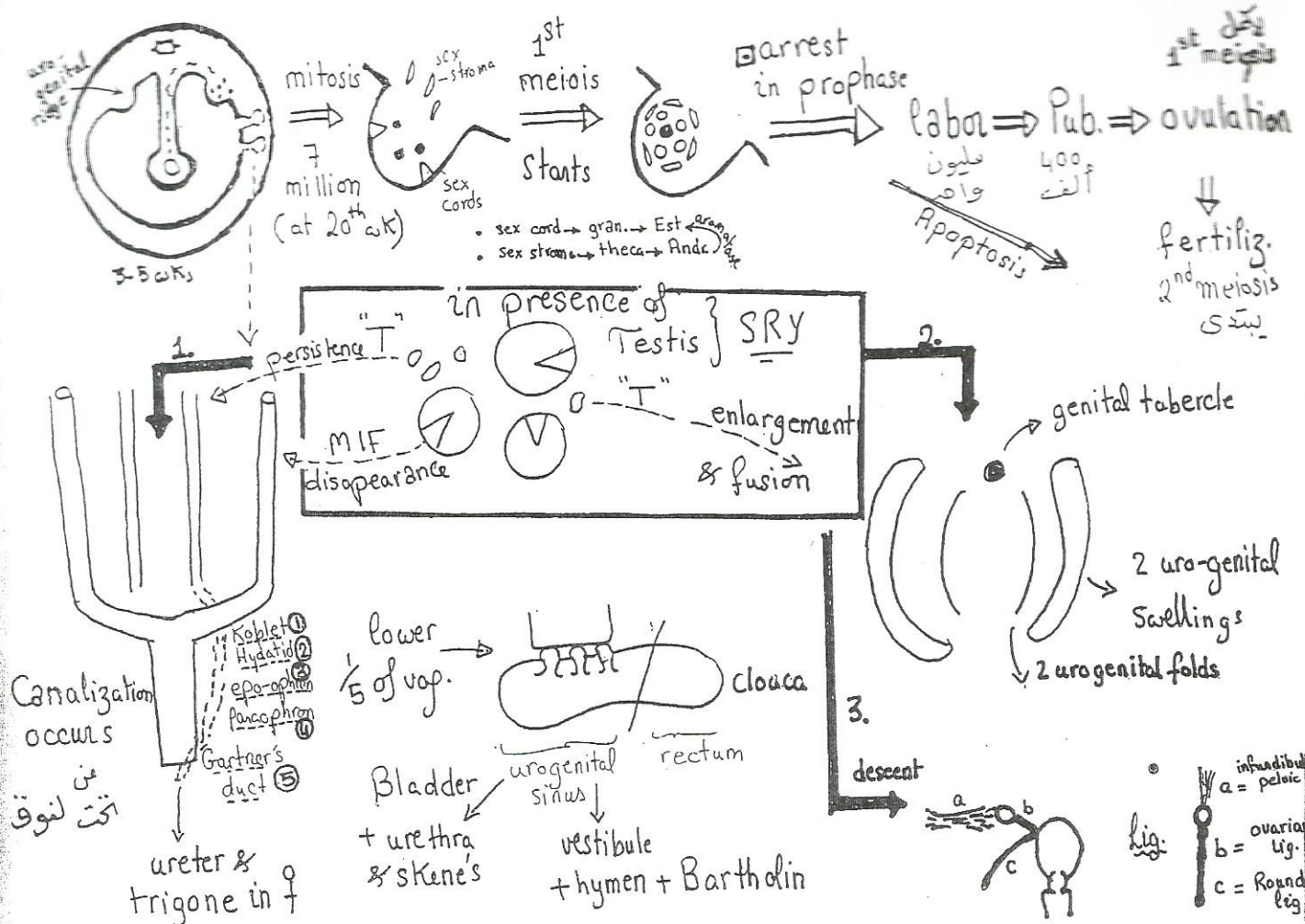
- C.O.C.
- H.R.T.
- D.U.B.
- P.M.T.

1] Obst.

- Abortion
- threatened C.L.I habit. ab.
- Before surgery during preg.

2] Gyna.

- est. عدو ال
- أي مرض ناجع عن
- Hyper-est.



Anomalies

1. Mullerian agenesis

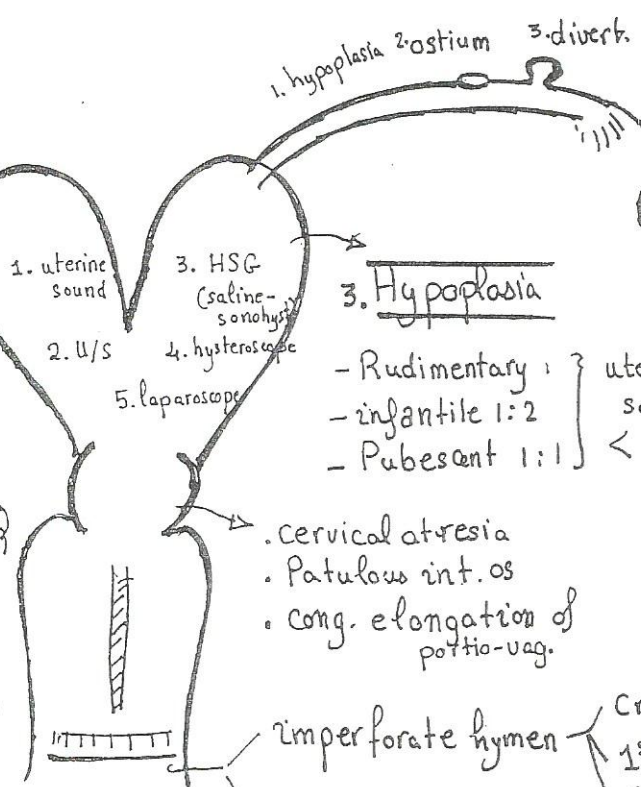
2. Fusion defects

- uterus di-delphus
- Bicornus bicollis
- Bicornus unicollis
- septate & sub-septate
- Arcuate (cordiformis)
- Uni cornuate
- Rudimentary horn

gyna

obst

- asympt.
- sp. dysm.
- menorrhagia
- early habit. ab.
- late ectopic malpresent.
- labor obstructed.
- p. accreta



3. Hypoplasia

- Rudimentary
- infantile 1:2
- Pubesent 1:1

- aplasia
- dysplasia "Turner"
- Accessory ovary
- Abnormal descent x

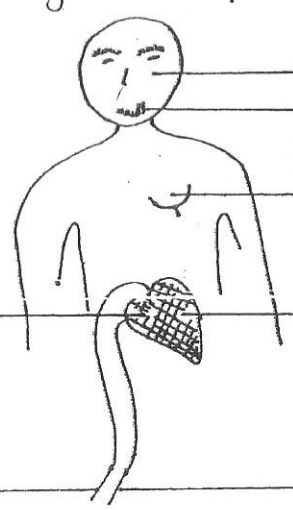
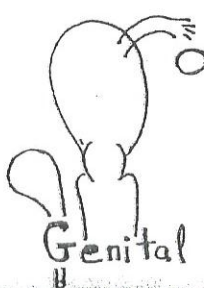
Mullerian agenesis

Frank method

surgery

- vagina
- abdominal colon vaginoplasty
- laparoscopic Vachetti
- McIndoe
- Williams

cryptomenorrhea
1st presentation: retention of urine
ttt: emergency cruciate incision

Inv.	Menop.	Phys. changes	Menop. synd.
<ul style="list-style-type: none"> - triglycerides - cholesterol - LDL الكوليسترول - HDL الكوليسترول <p>lipid profile</p> <p>To confirm</p> <ul style="list-style-type: none"> ✓ * FSH > 25-40 mIU/ml * $E_2 < 20$ pg/ml * vag. cytology <p>DEXA</p> <ul style="list-style-type: none"> > 2.5 SD T score (adult) - Z score (old age) <p>على الكعب U/S ... urine collagen ...</p>	<ul style="list-style-type: none"> • Permanent cessation • occurs gradually • diagnosed retro-spectively 	<ul style="list-style-type: none"> • sudden sense of heat • d.t. hypoth. instability • from twice/d... every 15m • disappear spont. (1-2 yrs) <p>Hot flushes</p> <p>Hirsutism → ↑ LH... ↑ androgen</p> <p>Br atrophy → ↓ E_2... ↑ androgen (↓ SHBG)</p> <p>CVS</p> <ul style="list-style-type: none"> - ↑ LDL, ↓ HDL - ↑ cholest. → atherosclerosis - Risk f. :- +ve FH, obese, DM <p>Hormones</p> <ul style="list-style-type: none"> - ↓ ovarian $E \times P$ - Test... same levels → E_1 ✓ - ↑ FSH (mainly) & LH <p>Osteoporosis</p> <ul style="list-style-type: none"> - progressive bone resorption - ↓ BMD: L. vert., femur neck, distal radius - Risk f: <ul style="list-style-type: none"> • +ve FH, cigarette, alcohol • sedentary life, liver/kidney • drugs: heparin, thyroid, steroid <p>Genital</p> <ul style="list-style-type: none"> & support → prolapse, SUI & urinary → recurrent infections 	<p>! Annoying Sympt. (10%)</p> <p>vaso-motor symptoms</p> <p>skin</p> <p>disfigurement</p> <p>CHD</p> <p>Hypert.</p> <p>Psych.</p> <p>Rh. pain</p> <p>Backache</p> <p>Dowager's hump</p> <p>Discharge</p> <p>Dyspareunia</p> <p>SUI & cystitis</p>

Effect

- WHI study
- one million study

↓ 75% but...

↑ slightly ?!

↑ Significantly

- DVT
- myocard. infarction

no proven effect

↓ 30% but...

↓ esp. with local drugs

HRT

Workup & start

- History
- Ex. (BP, Br, RV)
- inv. → sugar, mamogram, lipid profile

Duration

- Some... 10 yrs
- some... for life
- recently... max. 2 yrs

Mech. of action

↓ cholest. deposition
↑ HDL, ↓ LDL

However: it
↑ clotting factors
↓ antithromb. III

↓ effect of parath. on osteoclast
↑ Ca abs. & bts loss

Indication

1. menop. synd.
2. Asympt. ♀ but high risk
3. Routine for all ♀s

Contraindication

القلب → myoc. infarction
DVT
active vasc. dis.

الكبد → active liver dis.

الدم → unexplained bleeding

Drugs

* Hormones

1 Est. only لوجستية الرسمى mg/d

oral: CEE 0.625-1.25

non-oral

- estro-derm - No GIT troubles
- estro-gel - Higher conc. <
- Premarin - No met. effect <
- S.C. implant - No DVT

2 E + P لوجستية موجودة

cyclic... withdrawal bl.
continuous... amenorrhea
3 خلال سنة

* Non - Hormones

1 SERM (tamoxifen)

+ve on... CVS & bone
-ve on... uterus & breast

2 Tibolone (livial), weak

estrogen... -ve ut. & br.
progest... no need to add it
androgen... +ve bone & lipids

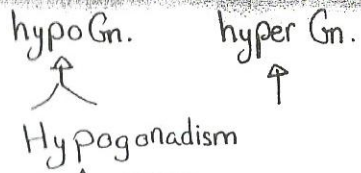
3 Hot flushes (agreal) or

clonidine patch
phyto-estrogens

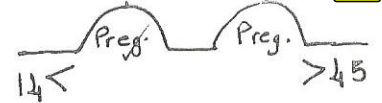
4 osteoporosis. Ca, vit D ⊕

Biphosphonate (fosamax)
Calcitonin (myacalcic)
fluoride

	Hypothalamus	Pituitary	Ovary	Uterus	Path. Amenorrhea	Phys.
Cong.	<ul style="list-style-type: none"> * Frohlich * Laurence Moon Biedl * Kallmann 	<ul style="list-style-type: none"> * Levi-Lorain ↓ short, obese 	<ul style="list-style-type: none"> * Agenesis * Dysgenesis (Turner) * Test. fem. \$ 	<ul style="list-style-type: none"> * Aplasia, hypoplasia ↓ Mullerian agenesis 	<p>1^{ry} amen.</p> <p>True False</p> <ul style="list-style-type: none"> Constitutional ov. dysgenesis Mullerian agenesis TF\$ <p>Cryptomen.</p> <ul style="list-style-type: none"> imp. hymen vag. septum cx. atresia 	<p>Preg. & lactation</p> <p>< puberty menop. ></p>
Tr. Infl. Neop.	<ul style="list-style-type: none"> - Fracture base of skull - Meningitis, encephalitis - Destructive tumors 	<p>-----</p> <p>-----</p> <p>→ Destructive</p> <p>Secretory</p> <ul style="list-style-type: none"> - Prolactin - GH - cortisol 	<ul style="list-style-type: none"> - oophorectomy - medical surgical irradi. - Mumps, T.B. <p>→ Destructive</p> <p>Secretory</p> <ul style="list-style-type: none"> - Est. tumors - And. tumors - P.C.O. 	<ul style="list-style-type: none"> * Asherman synd. min. mod. severe ↓ hypomen. - habit. abortion - PT1 - PL. accreta - Amen. - Infat. 	<p>2^{ry} amen.</p> <p>Assesment</p> <p>(History) (Exam) (Inv.)</p>	
Misc.	<ul style="list-style-type: none"> * Psychological - severe stress - Anorexia nervosa - Bulimia - Pseudocyesis * Hyperprolact. of hypoth. origin * Postpill amen. 	<ul style="list-style-type: none"> * Empty Sella \$ 1^{ry} (Cong.) 2^{ry} (after surg.) Galact. amen. * Simmond \$ panhypopit. * Sheehan \$ after severe hge. 	<p>Andr. ROS Pol.</p> <p>Or POF C. L. I.</p> <p>P. C. O.</p> <p>↓</p> <p>1^{ry} E 2^{ry} P</p> <p>prolif. secr.</p>	<p>Adeno Neuro</p> <p>FSH, LH TSH ACTH MSH</p> <p>dopamine</p> <p>↓</p> <p>GH</p> <p>* Prolactin</p>	<p>Cyn</p> <p>short period am. followed by PPI</p> <p>infertility</p> <p>hirsutism</p> <p>galactorrhea</p> <p>Anovulation</p> <p>Hyperand</p> <p>Hyperprol.</p> <p>signs of viriliz.</p> <p>squeeze breast</p> <p>Br. 2^{ry} sex. ccc.</p> <p>ut.</p> <p>Thyroid ↓</p> <p>Adrenal ↑</p> <p>GH ↓</p> <p>D.M. ↑</p> <p>End.</p> <p>Tall/short</p> <p>thin/obese</p> <p>أسوأ الحالت</p> <p>local</p> <p>cryptomen.</p> <p>ambig. genit.</p> <p>gross pathology</p> <p>pregnant</p> <p>أدوية</p> <p>General</p> <p>severe dis.</p>	<p>β-HCG</p> <p>prolactin</p> <p>Pr. challenge</p> <p>↓</p> <p>Ex Pr. chall</p> <p>uterus</p> <p>FSH, LH</p> <p>ovary</p> <p>Pit, hyp</p> <p>(hyper Gn. hypogonad)</p> <p>(hypogon. hypogonad)</p>
General	<ul style="list-style-type: none"> * Endocrine Thyroid adrenal acromegaly 	<ul style="list-style-type: none"> * General debilitating disease 	<ul style="list-style-type: none"> * Drugs hormones: - steroids - androgens - C.O.C. hyperprolact. 			

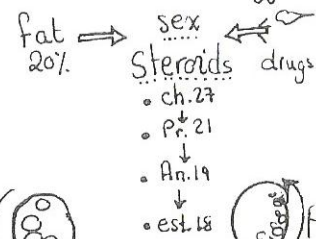
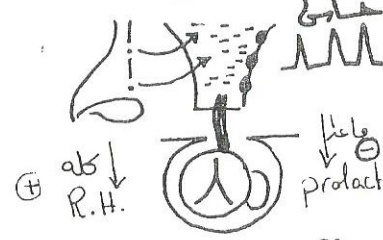


Path ← **Amenorrhea** → Phys



	H.	P.	Ov.	ut.	out-flow tract obst
Cong.	Kallman \$	Levi-Lorain \$	Turner \$	• M agenesis • TFS	- imperf. hymen - Tr. vag. septum - Cx atresia
tr.	fracture base of skull	• surgery • irradiation • chemoth	• surgery	→ D&C → Perip. sepsis → Septicab. → T.B	1 ^{ry} 2 ^{ry} Amen.
infl.	meningoencephal.	T.B. > mumps			Asherman \$
Neop.	cranio-pharyngioma	Ant ↑ (Cushing) Pr ↑ (adenoma)	↑ E.... ↑ An.... Bilat. dest.	→ non inv. U/S → inv. HSG Hysterosc.	Adhesiolysis by D&C or hyst. followed by cyclic E & P.
Misc	• Stress القنوية العادة • Anorexia nervosa القنوية • Pseudo-cystis كروية الحصى	galact amen • Empty Sella \$ • Sheehan \$ severe PPHge	↑ An. ↑ P. POF PCO		

Pre-requisites for normal menst.

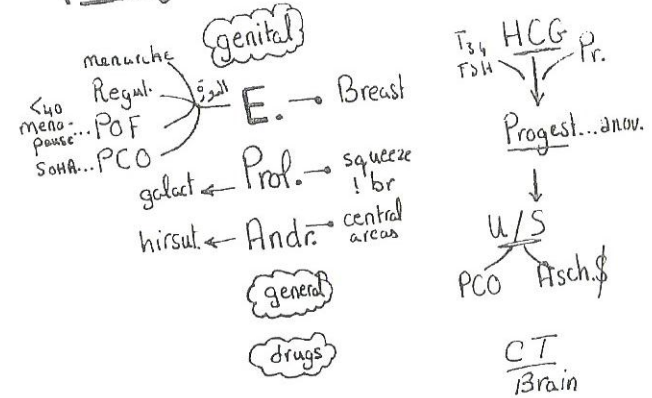


Assesment

history

exam.

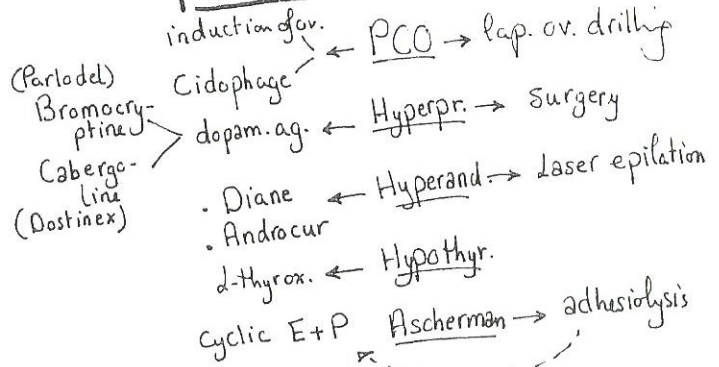
inv.



ttt

medical

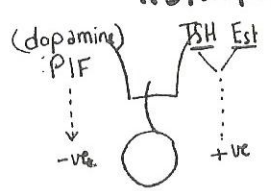
surgical



General causes

- DM₁ T.B
- * general debilitating dis.
- * endocrine disorders
- hypoth. Cushing.
- * drugs e.g.
 - Progest... atrophy
 - COC... postpill amen.
 - Donagol... Synth andr.

Hyperprolact.



- 1) Phys... الخلل والخلل
- 2) Drugs... Anti
- 3) Pit. adenoma (macro/micro)
- 4) Hypothy... ↑ TSH
- 5) Hypoth... dest.

1st Amen.

false

= cryptomenorrhea
= outflow tract obst

true < H...
Pit...
H...
Pit...



C/O

- 1st amen
- cyclic lower abd pain
- Pelvi-abd. swelling
- Acute ret. of urine

O/E

Bluish bulging memb.

ttt

surgery: cruciate incision

Turner &

M. agenesis

T. F. S.

• etiology

failure of backward oocyte migration

absent developm of Mull. ducts

Androgen receptor insensitivity

• Karyot.

45 x0
"f... mosaic"
45 x0
46 xx

46 xx

46 xy

• Phenot.

< 150 cm
web neck, shield ch.
anom... coarct.

Norm. ♀

Norm. & beautiful

• Gonad

streak

ovary

testis < ing. canal
labia

• hormone

no E₂

E₂

300 ng/dl test. Periph. E₁ 30 pg/ml
aromat.

1) int. genit

infantile

no ut.

no ut.

2) ext. genit

infantile

vag. pouch

vag. pouch

3) 2nd sex. ccc

infantile

Br. +ve

Br. +ve

• ttt

Cyclic E₂ P
for life
but not < 13 yrs
± GH (8cm)

Vagino-plasty
"creation of neovagina"

• Vaginoplasty
• Gonadectomy
must be done (?)
at 18 yrs (?)
followed by ERT (?)

☐ No oophorectomy
except if Y-chr
→ malign risk 25%

vag. McIndee
laparosc. Vachetti

Abd
colon-vaginoplasty

ماقی ایچر دورہ؟
ماقی باقی طویلہ؟
مازی تہ ذرا وقت الیادہ؟

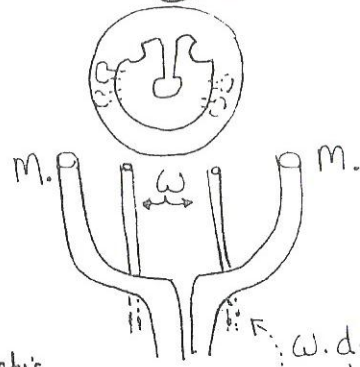
Assesment

History < false: cyclic lower abd. pain
true: Breast < -ve
+ve

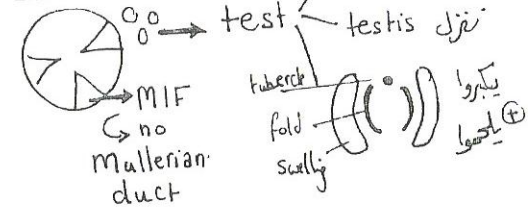
Exam < false: Hymen
true: Breast < -ve ... ccc. of
+ve ... ax, pubic hair
Turner

Inv. < false: U/S... Hemato
true: Karyotype
+ U/S < no ov...
no uterus...

Embryology



☐ testis

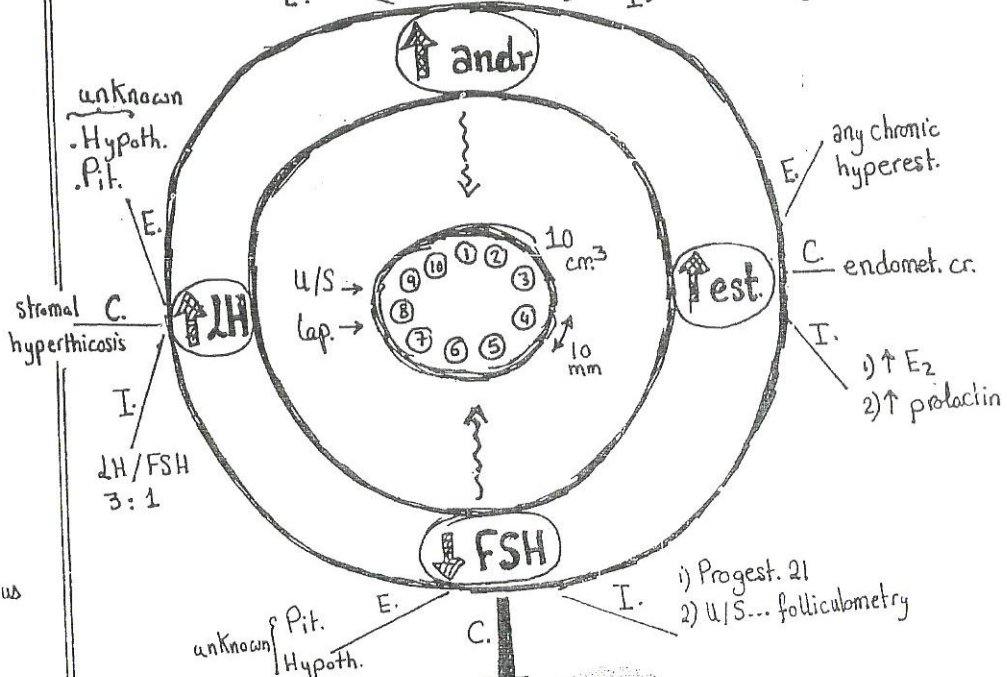
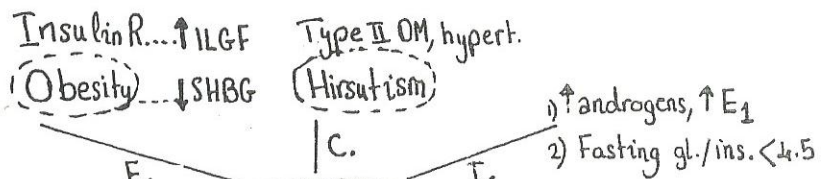
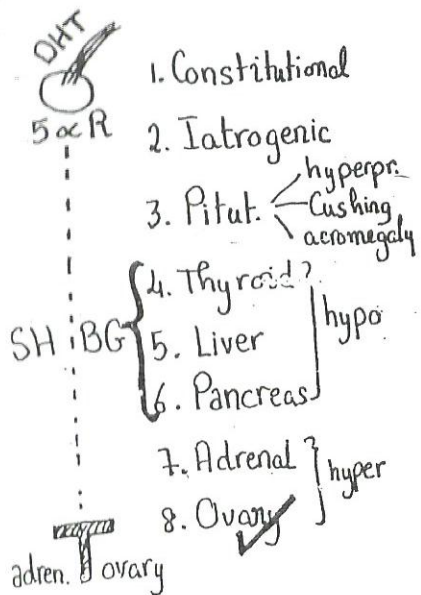


☐ ovary

No M.I.F → M. ducts
persists
No test → Wolf. ducts
disappear

PCO

Hyperandr.



Hirsutism Anovulat Galactorrhea

± other skin signs
± other viriliz signs
+ C/P of ! cause

Bleeding

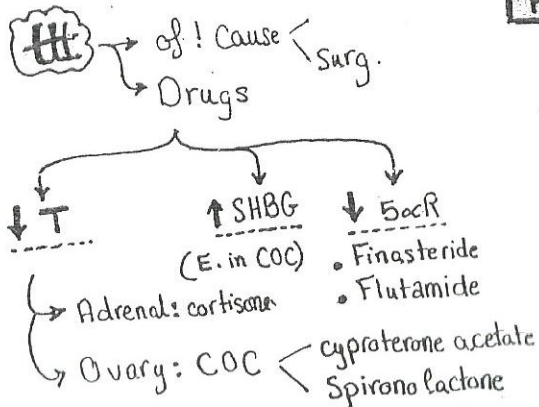
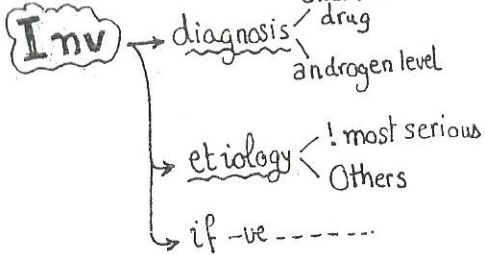
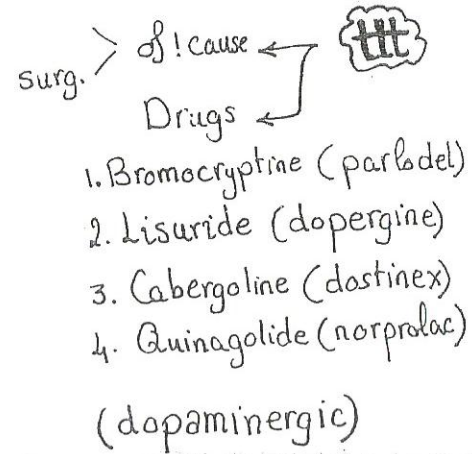
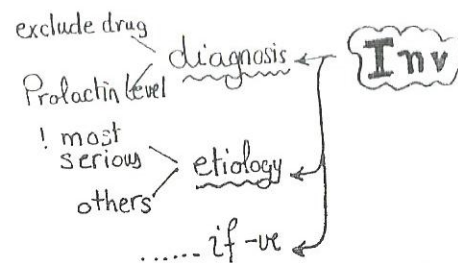
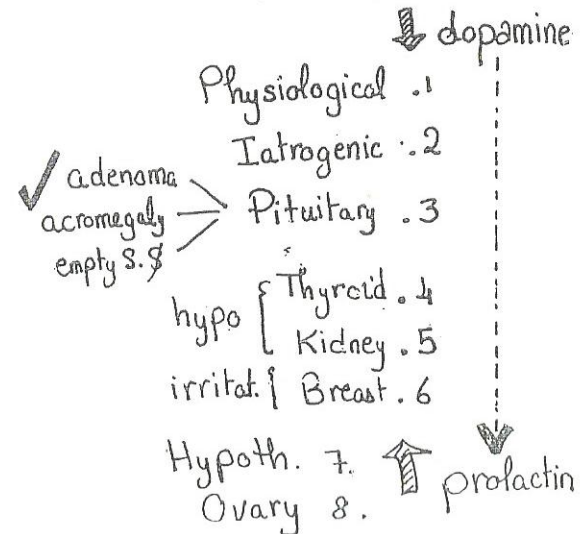
infertility

C.O.C
D & C
hyst.

Clomid -
laparosc -
I.V.F. -

± PMT
± Hirsutism
+ C/P of ! cause

Hyperprolact.





Acc to cyclicity

① cyclic ← زيادة الكمية (menorrhagia)
Poly menorrhea مفرط
الانتين مع بطن

② acyclic ← Metro
meno-metro
intermenstr., contact bl.

Acc to hormones

① Withdrawal

② Break through



Acc to pattern

	Local	syst.	func.
1. Meno	conjug. int.	أي فاجة	ovular
2. Poly	conjug. in ov.		
3. Metro	tumors + ulcers	الأدوية	anovular
4. contact bleeding	Cx-vag.	inf. tumor	

Acc. to age

- Neonate: birth crisis
- Childhood: F.B., precp
- Puberty: DUB, coagulopath
- CBP: الحمل وولادة مع الجنين
- Menopause: P.B., fibroid
- Post-mep: cr. endomet.

most common →
most serious →

Assessed by

History

- Age ←
- marital status ←
- HPI
- Pain, bl., infect. = EØ
- SOHA
- something protruding
- fever + pain + disch.
- Menst ← cyclic
acyclic
- obst. if recent TOP
→ choriocr.
- Contr. → horm.
- Past. → general cause

Exam.

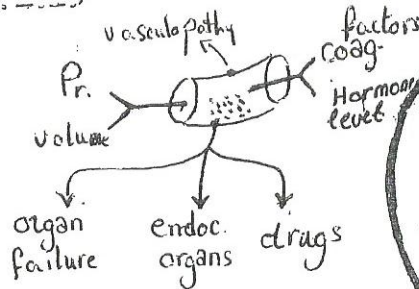
- General ← زيادة الأنسجة (dis. or metastasis)
- Abd. - swelling (حجم)
- Local ← PV
PR

Inv.

- Lab. --- CBC
- Scan --- US
- Scope biopsy --- D&C.

Organic

General

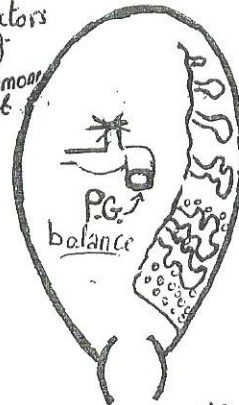


Local

- Pregnant ← early APHge
PPHge
- Pelvic path.

- Cong: double uterus
- trauma: obst. / surgical
- infection: acute / chronic
- Tumors: benign / malign.
- Miscell.: chronic inv. → Prolapse
RVF

- 1. intact HPO
- 2. Local PG

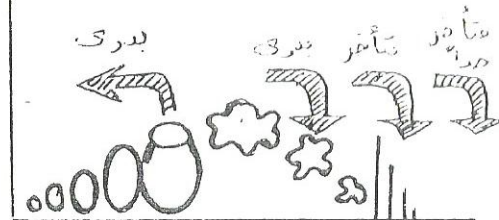


- 1. ابيضاض ...
- 2. ↑ H... no bleeding

functional

= D.U.B. ← Puberty
menopause

Cyclic : Ovular

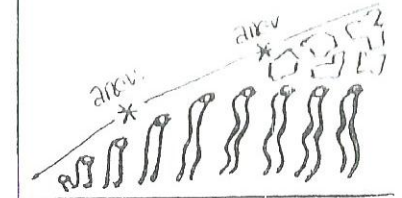


- Polymenorrhea → frequent cycles
- irreg. ripening → Premenstr. spotting (C.I)
- irreg. shedding → Postm. spotting
- Persistent C.I. → am. pain

- if she doesn't want preg.
 - 1) Prog. in 2nd half
 - 2) C.O.C. is easier
- if she is also infertile
 - 1) Clomid / HCG
 - 2) ART if failed.

Acyclic : Anovular

Metropathia Hgrica



short period of amen. → P.P.I.

- TVUS ← large uterus
follicular cyst
- D&C ← prolifer. / hyperpl.
- no sex changes

Utt

- ① Drugs → Prog. → Androg. → GnRH cont.
- ② D&C ← diag. therap.
- ③ Hyst. → hysterectomy
ablation

Spasmodic < 1st idiopathic

Def. spasmodic (colicky) pain with No organic pelv. path.

C/P 1. Type of pt. Age - 2-3 yrs after menarche } only in ov. cycles
Parity - improves after 25 yrs }
- more in virgins (sedentary life)
- improved after labor (ex-dil.)

2. Type of pain Site ... lower abd. spasmodic → lower limb
time ... 1st day → ↓ after 24 hours
association ... N&V, diarrhea, sweating, facial pallor

etiology

1. excess PG - as they occur only in ov. cycles
- PG intake → painful ut. cont.
- explains associating sympt.

2. retained menses → obstruction ... ex. stenosis
hypoplastic ... uterine
disturbed ... polarity

ttt

General Reassurance ... إتي أطمئن
- avoid emotional dist, sedentary life, smoking

Medical anti-PG ✓✓ E → ↑ development
C.O.C. P → Relax uterus
كما نكتب

Surgical 1. D&C dilates! pathology
lacerates paracerv. Symp.
لكننا بترجع تاني
2. LUNA (presacral neurectomy)
cuts motor, sensory nerves
ureter vessels لكننا على كيرة و يمكن نؤ

Congestive (2nd)

Def. cont. dull aching pain 2nd to p. pathology

C/P 1. Type of pt. Age ... later in life
Parity ... in MP

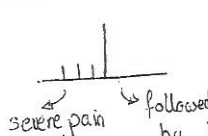
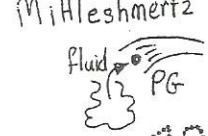

2. Type of pain Site ... lower abd. + backache
time ... 3-5 days before menses
→ gradual ↓ with time
association ... menorrhagia
Poly menorrhea
vag. disch.

etiology

- Cong. ... ut. anomalies
- infl.
- neoplastic
- miscellaneous
displacement functional (simple)
anxiety, constipation
coitus interruptus

ttt

1. of! cause ✓
2. Analgesics
3. Glycerine ichthyol supp.
constip. ↓ congestion

Membranous	Ovulatory	2 nd spasmodic
 severe pain with scanty flow في الأول followed by passage of large endocast - increased flow - relief of pain	 Mittelschmerz Fluid PG ± mid cyclic discharge spotting يمكن بيبي معاللا بفكروها اية	 crescendo (endometriosis) always in pain

Def.

- Presence of cyclic sympt. ~ 150
- Both Physical & psych.
- in! luteal phase should be ovulatory [relieved by menses, not present in! follicular phase]
- in! absence of dry pelvic path.

etiology

- serotonin, bend. imbalance
- ↑ E/LP ratio
- vit B₁, B₆ def.

↑ Prolactin

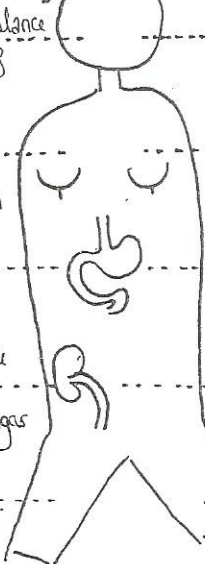
↑ PG

↑ ADH, aldosterone

High salt, low sugar diet

↑ PG

PMT



C/P

Psychological & mood dist. (PDD) 5% يمكن تنفر أو توتر جوريا
Mastalgia Dopamine agonists + vit. B₆ (pyridoxine) 100mg → ↑ serotonin, dopamine
abd. distension anti-PG
N&V, diarrhea constipation
edema of face ↑ weight (salt & H₂O reten.)
Joint pains, ms cramps
inhibition of ovulation آخر حل ممكن يقي

ttt

Reassurance إتي أطمئن

↑ sugar, ↓ salt in diet
linden acid derivative (primarose)
Diuretics ... spironolactone 25 mg 1x3

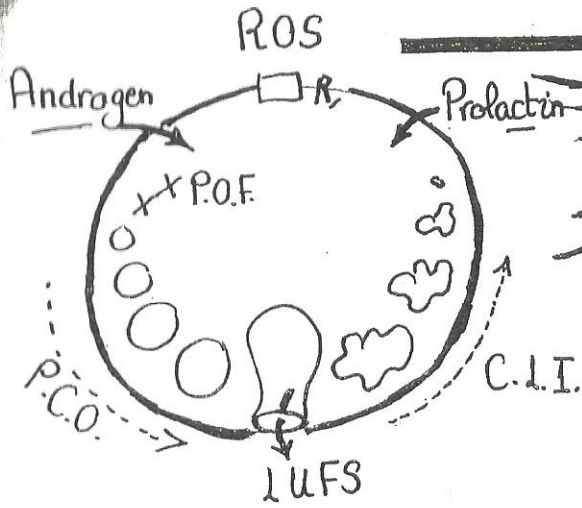
1 Etiology

2 Assessment

3 Treatment

Cong.	Tr.	Inf.	Neop.	Misc.	History	Invest.	ART
I H.P. failure	II H.P. dysfunction 1ry/✓(PCO)	III ovarian failure	Others. • Prolactin↑ • androgen↑ • CLI • LUFS		disch. pain spotting "E" mid-cyc. "C.L." ⇒ Regular sp. dysm. P.M.T. ± genital endoc. am... PPI bleed galactorrhoea hirsutism ± general endoc. أعراض آيس غدة	folliculometry G. (T.) L. Prog. ✓ S.L.H. 2nd 3rd Post-menstr Tuboscopy T. cannulation	{induction of ovulation} PEB Spinbarke Fern v. vaginal cytology
- hypoplasia - diverticul. - ostium	surgery on near	PID 2ry ✓	stretching tube fib. ov. cyst	EØ < anatomy function	• Previous surgery • PID fever abd. pain discharge • EØ Pain bleed inf. fertility	laparoscope Tuboscopy T. cannulation	• Tuboplasty • laparosc. lapot. hyst • EØ ind. of surgery
• Mullerian agenesis • TFS	Ascherman		fibroid	displacement	• previous surgery D&C C.S. • fibroid (ABCDE PPP) • postpartum hge (sheehan) inf. (Ascherman)	1- 4- 2- 5- 3- 6-	surgery
Atresia	• cauterization • amputation • cone biopsy	Chronic Cervicitis	Polyp	Poor ex mucous 1. wrong time surgery 2. gland < clomid 3. infection 4. imm. unolog.	• Purulent discharge • Low back-ache • deep dyspareunia	mid-cycle N. Semen PCT if -ve → sperm penetration	• Inf. → Antib. • Imm. → cstds • Poor → E
Septum	surgery scarring	hostile sec.	rare	Abs < agglutin. immobiliz.	sexual H. < dyspareunia frequency use of lubricant	semen 20 30 50 Azo OTA Test. biopsy +ve -ve obst. 3c FSH 3c ↓ ↓ 1ry failure 2ry failure ↓ ↓ Karyotype CT brain	impotence - Psychotherapy - surg. connection OTA antibiotics mucolytics steroids ↓ AIH (if failure)
hypospadias epispadias - Cong. abs. van - cystic fibrosis - Kartagener S.	spinal surg. retrograde ej. surgery (Hernia)	DM epididymitis Prostatitis ✓✓	rare	• impotence • premature ejac.	• DM • anti < hypert. depressants → urethral disch. → previous surg.		
• Sertoli cell only synd. • undesc. T. • Klinef. S.	• Direct Thermal • irradiation	Mumps	rare	2ry test. failure (low FSH)	• cytotoxic drugs • irradiation • anti < fungal malaria		

1. super-ovulation



Clomid ± HCG

50 mg 1x2x5
starting on 2nd day
up to 250 mg

* failure ← other cause
Poor mucous
C.I.I., L.U.F.S.

* Others - parodel, dexam.
- T_{3,4}, natotrexone

* Natural: Pregnyl
* DNA → ovidrel

5000-10,000 IU
when
18-22 mm 1000-1500 pg/ml

FSH LH

. Better results, but more expensive side effects
. Different schedules

urine → Humegon --- I.M.
Metrodin --- LH < 1 IU

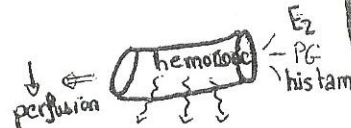
DNA → Puregon --- S.C.

GnRh

only if given pulsatile nasal spray pump

Side effects

1. Multiple preg.
2. Abortion, PTL
3. Ectopic
4. OHSS
 - esp if HCG
 - rare with clomid
 - never with GnRH



extravasation

- a) mild --- home
- b) mod. } ICU
- c) severe }

follow up

ov. cysts ascite elect. imb. coag. profile

No diuretics laparotomy heparin albumin

. tube . perit. فوق A.

6. Phase Support

- Cx < inf. imm. B. 219
- unexplained

better to be combined with induction

IUI A.I.

long protocol: GnRH cont....
short protocol: FSH... HCG....

vag. guided u/s

2. ovum pick-up

GIFT

ZIFT

E.T.

I.V.F.

4. Microinsem

SUZI

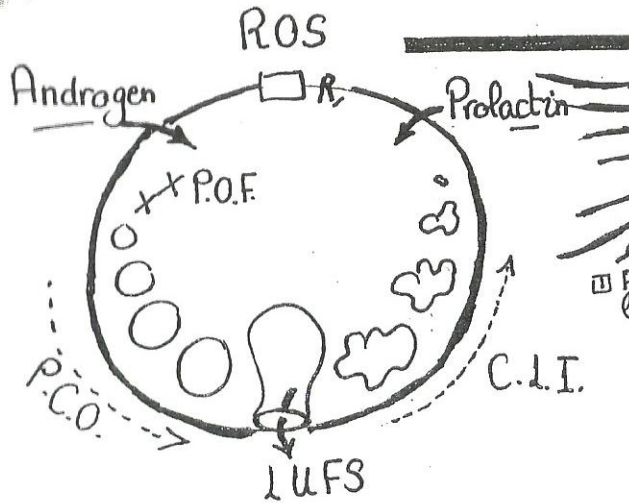
→ Anti-PG
→ Washing, centrifug
→ mucolytic
→ Caffeine, Kallikrein
→ Antibodies

3. sperm processing

. OTA . impotence C. 219

MESA

TESA



Clomid ± HCG

50mg 1x2x5
starting on 2nd day
up to 250mg

* failure

other cause
Poor mucous
C.I.I., I.U.F.S.

* Others
- parlodol, dexam.
- T_{3,4}, natotrexone

* Natural: Progestin
Pregnyl

* DNA → ovidrel

5,000-10,000 IU

when
18-22 mm 1000-1500 pg/ml

FSH

LH

- Better results, but more expensive
- Different schedules

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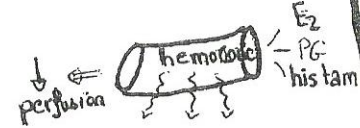
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- esp if HCG
- rare with clomid
- never with GnRH



- extravasation
- mild --- home
 - mod. } ICU
 - severe }

follow up

ov. cysts

ascites

pleff

elect. imb.

coag. profile

No

diuretics

laparotomy

use

heparin

albumin

1. super-ovulation

long protocol: GnRH ant... ⊖
short protocol: FSH... HCG... ⊕

2. ovum pick-up

GIFT

ZIFT

E.T.

Luteal Phase Support

- Cx < inf. imm.

- unexplained

better to be combined with induction

IUI

A.I.

I.V.F.

Microinsem

3. sperm processing

MESA

TESA

- Anti-PG
- Washing, centrifug
- mucolytic
- Caffeine, Kallikeri
- Antibodies

vag. guided u/s

ICS

SUZI

tube perit.

Neo-salpingotomy

Resection anastomosis

tubal re-implant.

Adhesiolysis

Prolactin

ROS

Androgen

P.O.F.

Prolactin

Adhesiolysis

C.I.I.

I.U.F.S.

P.C.O.

tube perit.

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C.I.I.

I.U.F.S.

P.C.O.

	Gonorrhea	B. vaginosis	Chlamydia	Candida	Trich. vag	HSV II	HPV	T.B.	IS
Org	G-ve IP 3-7 days	- H. vag (Gard. vag) - mycoplasma - ureaplasma	virus bact. DNA RNA Albs	spores Hyphae mycelia Albicans, Trop, Krasi	Cell Pus	DNA II > I	70 serotype	Mycobacterium tuberc. > bovis	Schistosoma haemat. > mansu
Pop	Adult STD child contamination من فوط Neoborn ophthalmia الوردة neonatorum	60% of vulva vag. replac- ment of norm flora eg. lact. bacillus	15 serotype ABC... trachoma O-K... STD col. epith. (G) preg... عادي neoborn male... عادي	(20-40%) Normal habitant (50%) acidic humid certain media resistance loss of balance antibiotics		Preg. neoborn retention	recurrence in 60% cr. cx 16, 18	Blood borne Peritoneal lymphatic Ascending with semen	through Recto-vagino - cervico plexus of veins
route of inf	spread FHC PID M.P. discharge	discharge only fishy excessive greyish	itis x asympt. 50% No PPdd pus cells	odorless curdy white red with adherent white patches	malodorous yellow frothy strawberry vaging Colposcope	1 ^{ry} 2 ^{ry} Fever -ve L.N. -ve painful vesicle - ulcer	6-11 condyloma accuminatum flat (cervix) inverted	100% ch. PID 50% Tubercles 5% Caseation Polypi ulcers	* Polyps * sandy patch * calcif. * ulcers 100%
C/P			edema fibrosis stricture						
Inn	Cendox (rectum pharynx) my sites 2 ^{ry} sites Thayer Martin New York city Elisa CFT, HAI	oil inclusion field bodies MacCoy ELISA PCR	< 4.5 Ph > 4.5 +ve Gram -ve Fresh drop Culture Sabouraud Nickerson			eosinophilic IRS inclusion bodies in multi-nucleated giant cells * culture on choiallantoic med	vacuolated multi- nuclear cells Koilocytes malig. الشبه colposcopy, Pap stain biopsy	G. Chest x-ray ESR HSG lap. Zeil Nelsen Low. Jensen G.P. inocul. biopsy	G. urine stool zova Biopsy Endoscopy (laparoscopy) CFT
Ph									
Smear									
C									
S									
tit	* Procaine penicillin 4.8 IM + 1 gm probenecid * Spectin-omycin 2 gm IM Erythromy or Tetracyclin 1x4x7 esp. if + chlamydia	* Rocephin (ceftriaxone) 250mg if chronic surgery 1. Barth. 2. cervicitis 3. PID * Clind. 1x2x7 * Flagyl 1x3x7 Comp. = septic focus Gyna & obst	Azithro-mycin 1 g. single dose أي حاجة mycin	alkaline douche Prophylaxis Drugs 1) mycostatin 2) canestan 3) Gynodaktarin Diffican Sporanox Recurrence دور على البنية طول مدة العلاج علاج النوع - بلاش تطيت	acidic douche Flagyl 500 1) Flagyl 2) Tenidazole 3) Ornidazole	* painful... sympt. * 2 ^{ry} inf... Abses * Anti-virals: Interferon a/vata / fam cyclovir	1) Chem. cautery Trichloro acetic acid 75% Podophylin resin Imiquimod 2) Cryocaut, laser 3) Surg. excision	* Isoniazid 5 * Rifampicin 10 * Ethambutol 15 * No tubal microsurgery	* Biltricide (Praziquantel) * Amblihar + surgical excision of vulval polyps

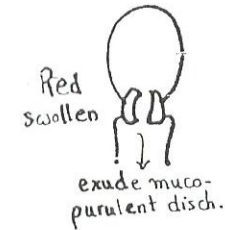
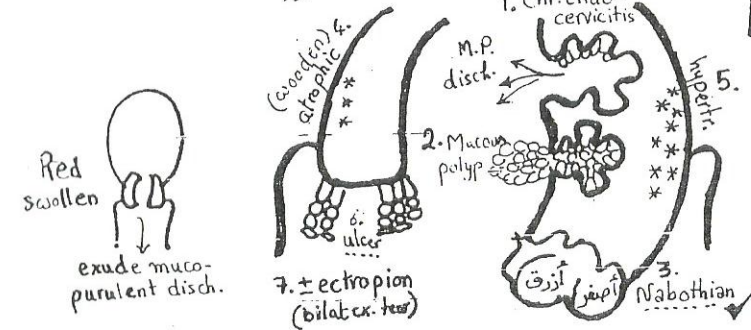
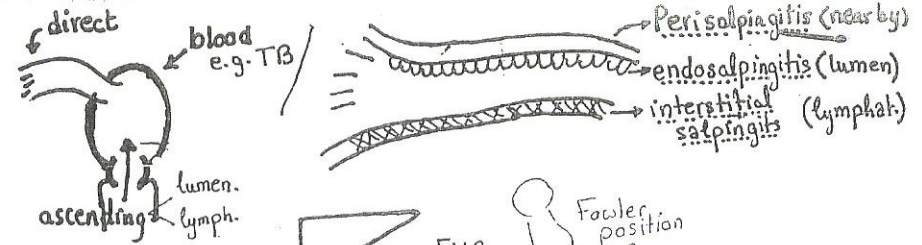
Inferility (cervicitis / PID)

1. **org.** **Non-specific** staph strept
- STDs** monilia, TV viruses gon., chlam.
- chr. gr. dis.** TB

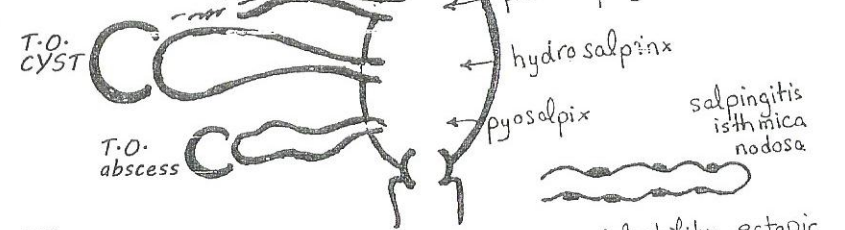
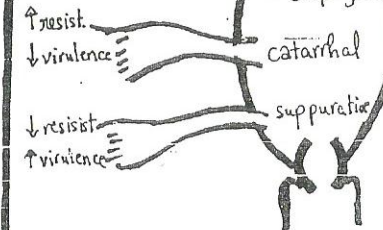
2. **PdF** **obst.** labn abortion
- gyna** D&C IUCD [↓ ed by]
- S.I.** Bact vag. Previus infy Barrier COC

Etiology

3. Route



Pathology



- FAHM-R
- backache
- discharge

- toxic look (usually asympt.)
- Congestive sympt. ← pain bleeding discharge
- tender mov. of cx ± any path. form

C/P

- G....
- A....
- I....

- FAHM-R
- Cong. sympt. ← pain bl. disch
- tender mov. of cx ± tender adenxae

- toxic look ill health
- Cong. Sympt
- T.O. mass (complex), fixed RVF

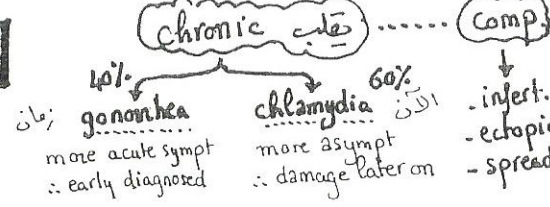
Chronic

- Racemose glands
- no monthly shedding
- Glands are deep abcts. 31 31 31

Chronic cx

- infertility: hostile cx mucous
- Preg:
- Spread: septic focus ← local general
- Malign.: ?!

Comp.



- Criteria
- all !. ① major
- ② one minor
- lower abd.
- adnexal
- cx motion
- Temp > 38, ↑ TLC, ESR
- mass (PV, US)
- org ± pus (swab, laparosc.)

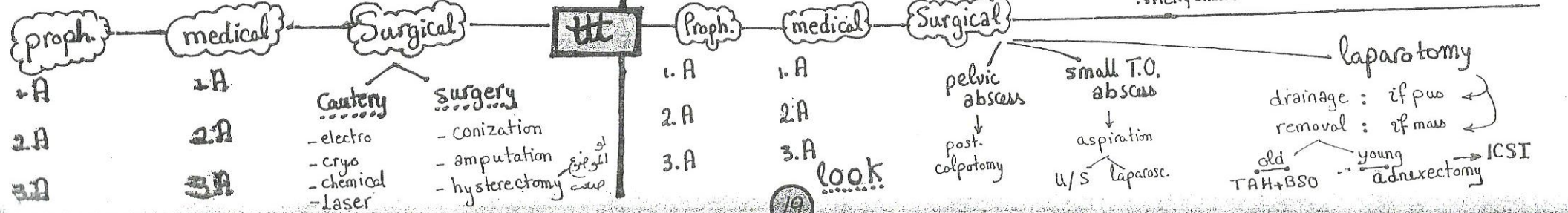
Inv.

- ↑ TLC, ESR, CRP
- cervical swab

- Post-coital (infertility)
- Colposcopy (malign.)

- ↑ TLC, ESR, CRP
- cervical swab ← chlamydia?!, gonorrhea?!

- U/S → adnexal mass (x follow up! size)
- Laparoscope ← if diagnosis is uncertain if no response in 48 hrs
- edema
- hyperemia
- sticky exudes



Cervicitis

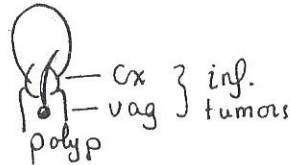
D.D. of Leucorrhea

excess of ! N. disch

Phys : ↑ H. Premenst, Pregnancy
Path : any path → pelvic cong.

D.D. of Contact bl.

الأخضر في : CIN



D.D. of barrel shaped cx

cx fibroid
cx cancer
chr. hypert. cx

D.D. of LGT ulcers

Traumatic : episiotomy, pessary
inf. : STD (herpes, LGV, chancroid, gr. inguinale)
chr. gr. TB, S, X
Neoplastic

Cervical erosion (ectopy)

Def. : Replacement of ! normal str. sq. epith. of ectocx by → columnar epith → bright red area

etiology : chr. cervicitis
Cong. (rare)
hormonal (common) Preg, COC

sympt : leucorrhea, contact bl.

exam : flat..... papillary..... follicular
Inv : colposcope..... smear..... biopsy (fear of malign)

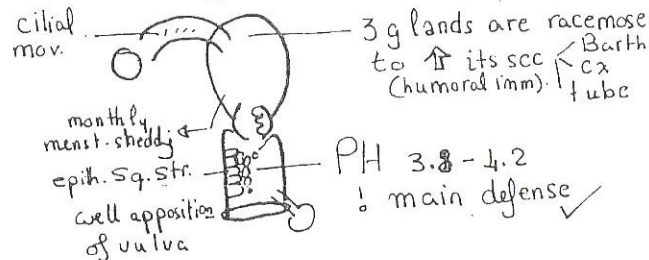
ttt : cervitis : Abx
hormonal : no therapy
mainly cauterization : electro, cryo, Laser

Vulvo-vaginitis

Normal flora

	G+ve	G-ve
Aerobes	Lactocid., staph aureus GBS, Ent. fecalis Diphtheroids	E. coli Klebsiella Proteus Enterobacter Pseudomonas
Anaerobes	Peptostreptococcus Clostridium Gardnerella + Candida	Bacteroids Bacillus fragilis Fusobacterium + T. vag.

defensive mech.



pdf for inf.

1) M. → ↓ immunity (steroids, Antibets)

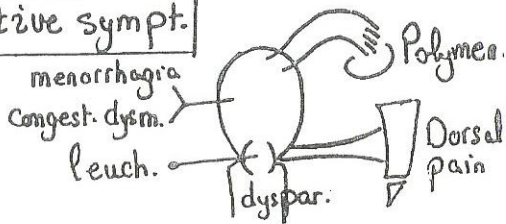
2) L. → ↓ Acidic pH (Pre-pubertal, Post-menop. vulvo-vag.)

3) ext. → Sex. IC (esp. multiple part-), F. Body (tampon, IUCD), vag. douche (alter pH)

P.I.D.

Congestive sympt.

1. PID (TB)....
2. E. coli.....
3. Fibroid....
4. ov. mass...
5. ectopic...
6. Appx...



CDC recommend. for Abc. regimen in PID

Parental @	Oral
2g IV/6hrs cefotaxime/cefotetan	Levo-floxacin 500 → 1x1x14 or Ofloxacin 400 }
Ampicillin/sulbactam 3g IV/6hrs (+ 100 mg IV/12 hrs)	+ Doxycycline 100 + Metronidazole 500 } 1x2x14
900 mg IV/8hrs Clindamycin	+ Ceftriaxone 250 } 1M once or Cefoxitin 2gm }
2mg/Kg gentamycin (then 1.5 mg/Kg/8hrs)	

indic. for surgery : no improv. for 72 hrs, formation of abscess, Diag. is uncertain

hospit. indic. for : Nulliparity (affectation of fertility), severe cond. (TO mass), Immunocompr. large ruptured

if infertile : Removal of tubes (or clamping) via laparoscopy → ART is better than tuboplasty

Types

Mech. of action

F.R.

Pearl index / HWY

Adv.

Disadv.

Physiolog.

Mech. & chemical

IUCD

C.O.C.

P.O.P.

Injectah

Surgical

Emerg.

Safe period

- * Calender
- * BBT
- * cx-mucous

Lactational amenorrhea

- efficacy is ↑ to 90% by
- * Amenorrhea
- * Reg. feeding
- * no extra-food

Continuous int.

No medical contra ind.

- high F.R. 15-30
- limitation of I.C.
- needs motivated couples
- safe period reg. cycles

15x3.5
0.02 0.07

- non cont. { * ↓ STD
- * ↑ immunity
- * semen collect

vag diaph

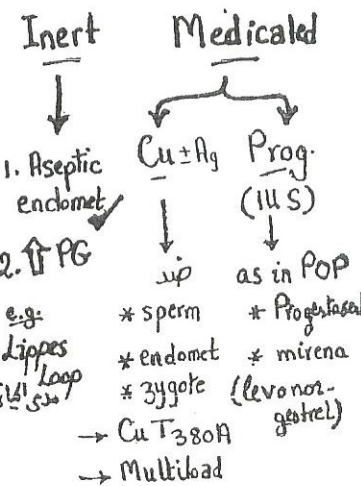
- Disadv. for all
- F.R. 3-14
- Allergy
- Difficult use
- Better combined with chemical
- Diaph → cystitis

cx. cap

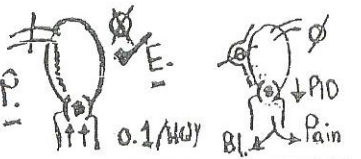
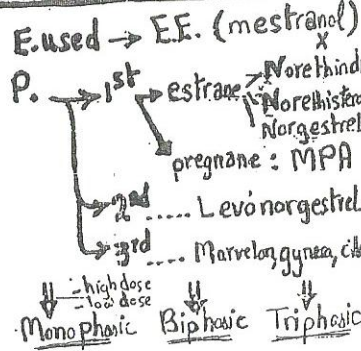
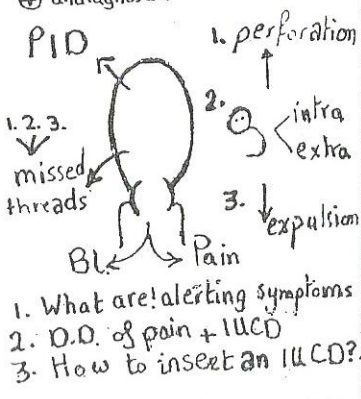
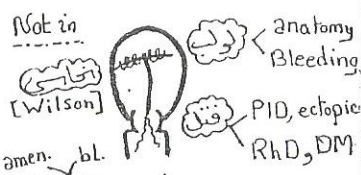
cervical cap
for those with vag. prolapse

Toxic day shock
24 hrs

- + Spermicides
- Nono Octo-oxynol 9
- 15 min < IC
- IC within 2 hrs
- No clouch 6 hrs
- F.R. 30/HWY



- cheap
- long use
- reversible
- No local syst. (IC) effects
- DUB
- end. hyper



- used in
- lactating
- non-contr + benefits as in C.O.C.
- E. contraind
- Disadv.
- DM + HTN
- obese
- more ectopic
- more spotting

(Minipill)

- Micronor 300ug
- Microlut 300ug
- Exluton (lynestrenol)
- Ⓟ only
- Taken daily
- not delayed

used in

- { main mech. thick mucus }
- lactating
- non-contr + benefits as in C.O.C.
- E. contraind
- Disadv.
- DM + HTN
- obese
- more ectopic
- more spotting

Disadv.

- not readily reversible
- ↓ BMD
- more menst. irreg. esp amenorrhea

3m DMPA 150 mg

2m Norethisterone oenethate 200mg

1m Cyclofer Mesygyne

E. was added to ↓ menst. side effects

as C.O.C.

used in

- mechan. thick mucus
- lactating
- non-contr + benefits as in C.O.C.
- E. contraind
- Disadv.
- DM + HTN
- obese
- more ectopic
- more spotting

Disadv.

- not readily reversible
- ↓ BMD
- more menst. irreg. esp amenorrhea

bil. vasectomy

- under Local anest
- wait for 70 days till 2-ve semen analysis

sterilization

- Laparoscopy
- Laparot. (Pomeroy)
- Postpartum C.S. ✓
- v. O. x ١٠٠٪

indication

- Permanent
- social > 35yrs. failed other methods
- medical v. weak scar serious illness
- Contra-indic.
- Young uncertain couple with marital/mental probl.

Disadv.

- ① Gyna Jels Post-tubal ligation
- ② Obst Jels
- 0.1 - faulty tech
- 0.4 - recanaliz. - was preg.

Mech.

- IUCD
- Meast. aspiration

Hormones

- estrogen
- EE 2 mg
- CEE 20mg

indication

- 1) POP 150ug (postinor)
- 2) COC
- ovul 2 tab.
- Anti-Gn danazol
- Anti-Prog mifepristone

Post-partum c.

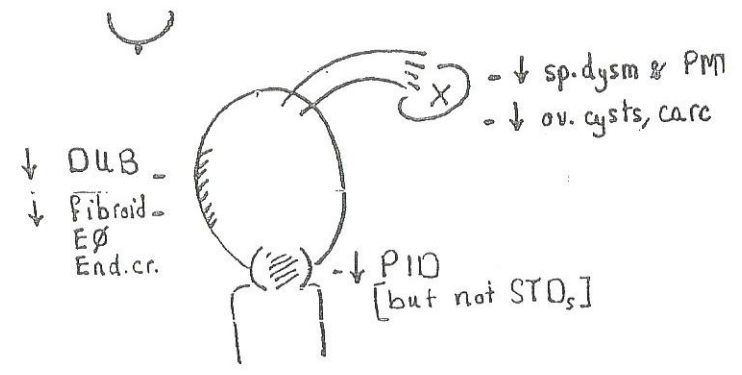
- Br. feeding
- Barriers
- IUCD
- Prog. only contracept.
- Sterilization

Comp. of IUCD 7"p"

1: no restrictions
2: generally used
3: not recommended
4: not used

C.O.C.

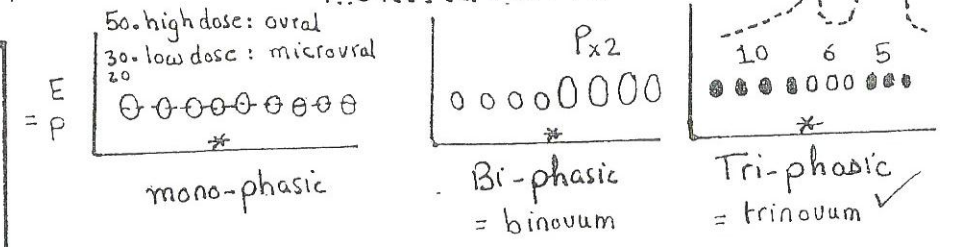
Non-contraceptive benefits



C.O.C. & tumors

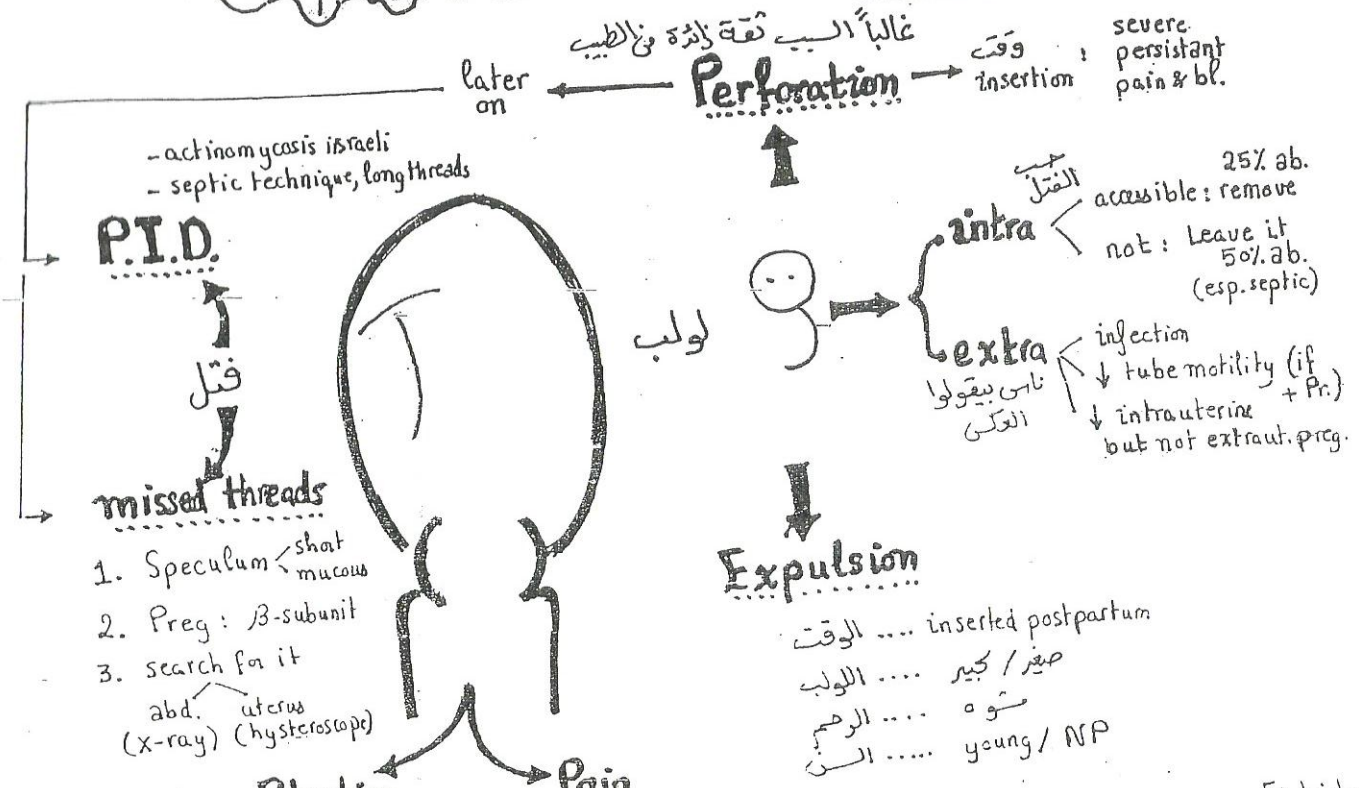
- 3 (slight) ↑
 - fibroid, end. cr, EØ
 - ovarian cancer
 - Benign br. lesions
- 3 (slight) ↓
 - cr. cx
 - hepatocellular adenoma
 - malig. br. lesions

Types of COC



Missed pills

• نسيت قرص... خذي قرص... وبعد كده قرص في ميعادك عادي
(بأطول ما تفكر)
• نسيت قرصين... خذي قرصين... والمره الجاية قبيعي خذي قرصين
و بعد كده عادي 14d back-up



• Post-insertion → reassure
• مع البوره → menorrhagia (exclude path.)
• Pain → exclude perf.
• Bleeding → sp. dysm. accepted (otherwise...?)

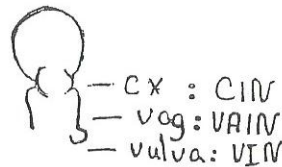
Alerting symptoms: missed threads, severe pain, bleeding, discharge

IUCD + pain: PID, Preg, thr. ab., dist. ectopic, perforation

Insertion: Push out... perforation, Withdrawal... threads are cut 3 cm

1 Def: Benign or Malign.

- invasion of B. memb.
- Atypia: cellular / cytological



Sympt

- Bleeding $\left\{ \begin{array}{l} \text{post} \rightarrow \text{end cr} \\ \text{peri} \rightarrow \text{fibroid} \\ \text{contact} \rightarrow \text{cx} \end{array} \right.$
- Swelling
- disch. ---- leuc. purulent
- Pain (rare & late)

2

1 endomet

↑ red d.t.
estrogen
(post-menop)

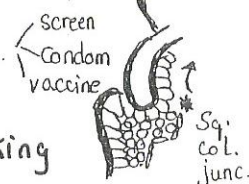
- Age
- Parity low abs \rightarrow bc: cx

2 ovary

age ov. trauma
(any age but >70)

3 cx

↓ red d.t.
HPV < sex smoking
(35-55)



Signs

- G.: cachexia, anemia, metastasis
- A.: swelling, ascites
- L.: PV Bimanual PR ... rectum

* Cause of death

3 Etiology

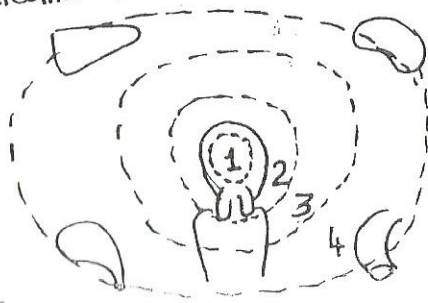
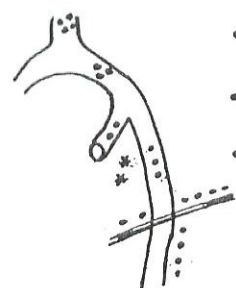
Chronic irritation by

4 Path.

Mac ... starts ... local \rightarrow then diffuse bilat.
Mic \rightarrow epith ... col ... Adenocarcinoma
Sq ... Sq cell cr.

5 Spread

- endomet \rightarrow direct
- cervix \rightarrow lymphatics
- ovary \rightarrow seedling (implantation) ... early 2ries
- Sarcoma \rightarrow blood



- may be
- 1) surgical: فوق
- 2) clinical: تحت
- 1 ... local
- 2
- 3
- 4 ... a: Bl/R. b: distal spread

6 Staging

for lines of therapy
Prognosis

8 Inv.

	end.	cx.	ovary
Screening	TVUS	Pap	tum. marker
Diagnostic	D&C	Leep cone	Laparotomy & path.
Preop	HB%, chest x-ray, ECG, RBS		
Spread	radiology ... endoscopy		

9 D.D.

of Bleeding
swelling
pain

10 ttt

- Prophylaxis
- therapeutic "acc. to stage"
- Prognosis "5YSR"
- etiology
- endomet \rightarrow surgery
- cx \rightarrow radioth.
- ovary \rightarrow chemoth.
- palliative: في الأخر
- endomet ... الأورام
- ovary ... الأورام

Path SSSS NM CCC	No ↓ solitary or multiple	Site 1. <u>Corporeal</u> 95% - interstitial - subserous } pedunculated polyps - sub mucous } 2. <u>Cervical</u> 4% 3. <u>extrauterine</u> 1%	Supply 1. <u>Capsule</u> - Center less vasc. - periphery ... more vasc. 2. <u>Pedicle</u> - tip	Shape ↓ spherical	Size ↓ mic. up to v. huge	Cut section ↓ whorly	Caps. ↓ pseudo = compressed tissues	Consist. → firm * <u>hard</u> Ca ⁺⁺ * <u>soft</u> → deg. malig. (v. soft) → preg.	Mic. ↓ Smooth ms + fibrous tissue
Comp	1 Degeneration. - Fatty change - Ca ⁺⁺ = comb stone - Hyaline (myx.) - Pseudo-cystic - Red deg. → hypercog. → pain, vomit, fever → conserve ... never surgery - Atrophy → menop. except Ca ⁺⁺ HRT malig					2 Torsion → acute: gangrene → chronic: parasitic f.	3 Infl. → tip of sub. macerous serous	4 Malig. 0.5% - Growth rapid post-menop - Tumor painful, fixed - Biopsy mic > 10 MF/HPF	
C/P NBCDE 3P	A Bleeding ✓ - * menorrhagia - ↑ red vas. size - end. hyperp - acc. discov. - * metrorrhagia - ulcerated polyp - cancer end. - * Polymenorrhea	B Comp. (infert) - * functional H. disturbance - * Anatomical - tubes - uterus - cx	Disch. ↓ - leucorrhoea congestion - infected ulcerated tip	Enlarg. ↓ - symet. - asymet.	P. r. ↓ - cx.	Pain ↓ - sp. dysm. - sub mucous - acute torsion infl.	Preg. ↓ - early: ab, ectopic - late: malpresent PT 2 - pr. & pain - * Part. 1st prolonged - 2nd obstructed - 3rd retained - * Poup S3		
ttt acc. to - Age - bleeding - size	No if acc. discovered [1a] Young or Menop. [8] no sympt.	Mild - bl. small size - Iron - est ↓ - Preg. dazool/dimet - LHRh	Severe ↓ 1 Polypectomy - twist several times - followed by D&C - could be done by hysterosc. laparosc.	2 Myomectomy - infert. severe bleed. large > 12 wks - Preop. - Hb/. - IVP - HSG - Diagnosis - Hyst. ... - U/S ... - lapar. - HSG	3 Hysterectomy - old age completed family - Fibroid - malig. - myomectomy - bleeding recurrent multiple				

Etiology

unopposed
Hyper-
estrogen.

Epidemiology

- Age
- Race
- Class

Etiology

- Menst. ccc
- Endogenous
- Exogenous

Association "CCS"

- Obesity
- D.M.
- HTN

C/P

short period amen.
→ bleeding



Peri-menop. bl.

Post-menop. bl.

1. Bleeding

إياه القاعة:

Common

إمتى فى سن صغيرة:

2. Pain

إياه القاعة:

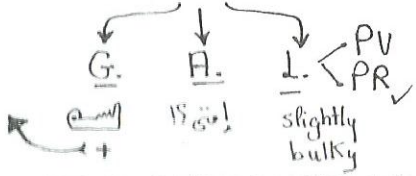
إمتى دى فيه وجع:

3. Discharge

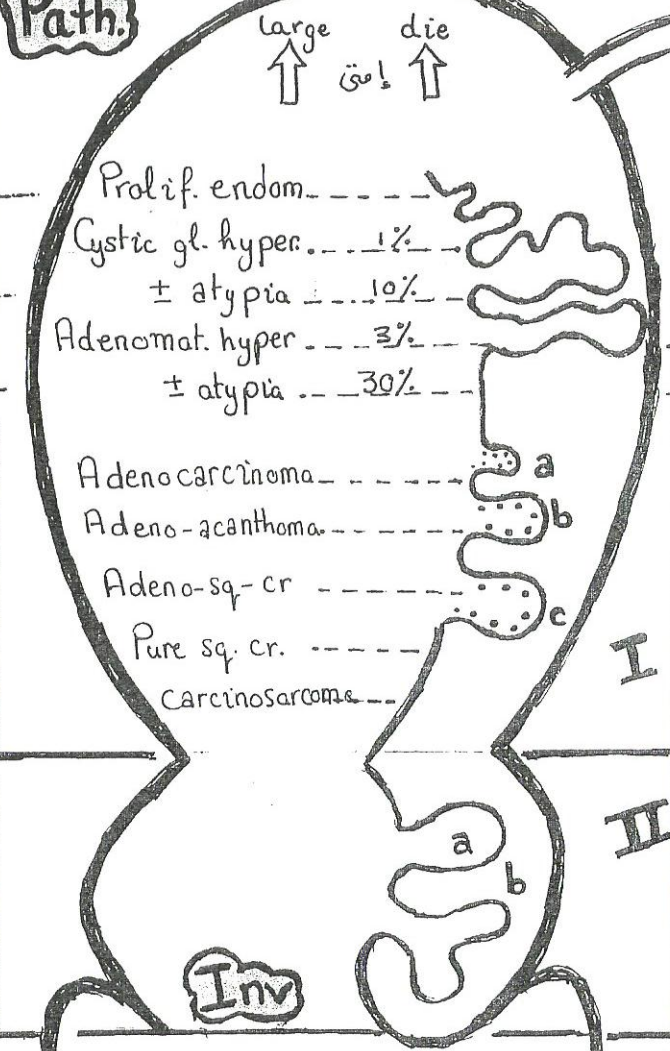
4. Swelling

إمتى الرحم كبير

Exam.



Path.



1. Screening
TV-US
4-5mm

2. Diagnostic
= Fractional D&C
إياه البيرلى فى العيادة
إياه أدق حاجة

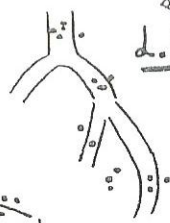
3. Preop.
→ HB%
→ ECG, مكر

4. Staging.
→ radiology
→ endoscopy

Spread

III A

III C



Direct

Blood



III

Prophylaxis

- screen by TVUS
- D&C for any PMB

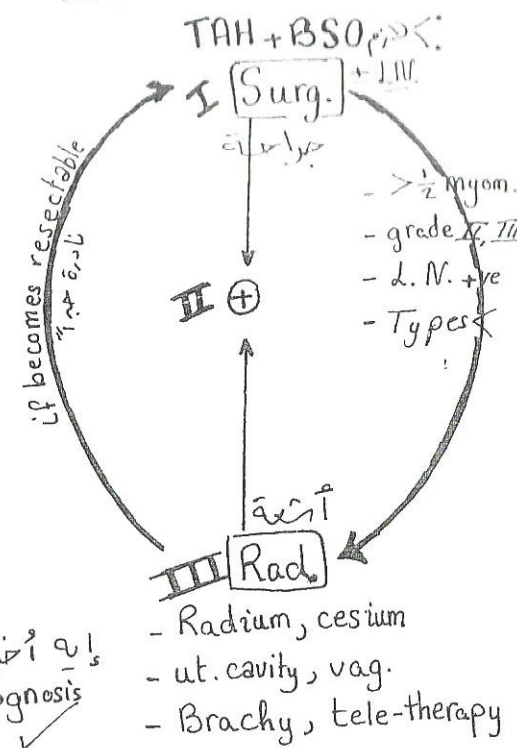
Endomet hyper.

BL. → Prog.
inf. → ind. of ov.

D&C & follow up < U/S

Hysterectomy

Endomet. carcinoma



إياه أخبار ال
prognosis

Endometriosis

Def.

func. end. glands & stroma outside the endomet. cavity

extra-Pelvic

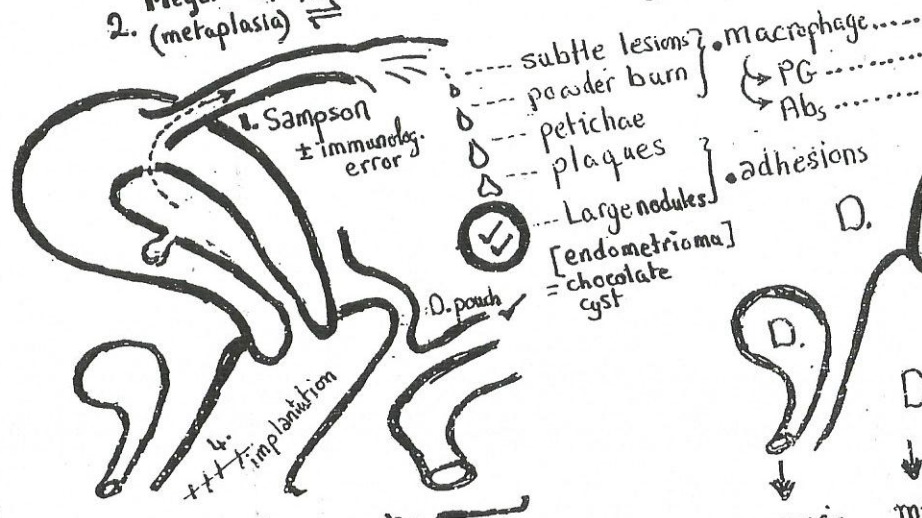
Pelvic

Etiology

- 1. Sampson (retrograde menstruation)
 - age parity race
- 2. Meger (metaplasia)
 - g. bladder appendix
- 3. Halban (lymphatic)
 - nose lung

Pathology

extra. EØ
intra. adenomyosis = Cullen diverticul.



Triad

Prophyl. - progressive - recurrent

Active

Est. & Act

1 Progesterone

- Given by cont. manner 9-12 m → pseudo atrophy decidua
- efficacy known by occurrence of amenorrhea 50 mg/m. 2nd choice

2 Danazol

200-400-800 mg/d.

3 Dimetriose

1.25-2.5 mg weekly

Side effects
SHBG... ↑ free androgen
menop. symp
liver dysfunction

Zaladex 3 S.C. = Decapeptyl / 28 d.

LHRH

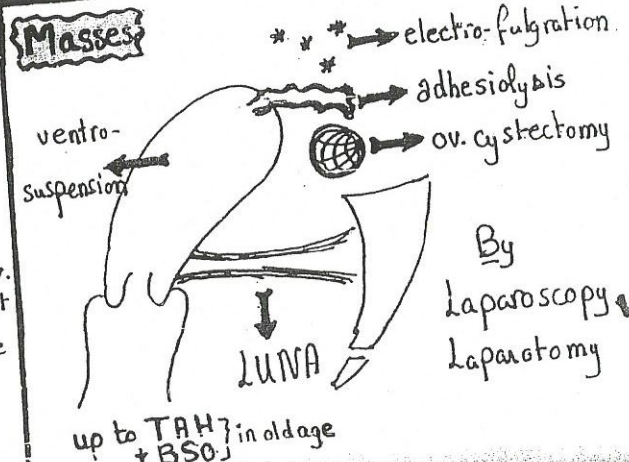
- Cont. manner → pseudo menop.
- Add-back therapy to avoid osteoporosis

Triad

- Pain --- anti-prostaglandins
- Bleeding < Progest. COC
- infertility

- a) if no masses --- induction of ov.
- b) if there is mass --- remove it 1st then induce
- Hormone suppression

Masses



C/P

Triad Pain Bl. infert.

acute abd? ectopic? habit? abortion

Inv.

- CA 125 --- Follow up
- U/S --- gross lesions.
- Laparoscopy --- diagnostic (biopsy) therapeutic

EØ size	mic	<1cm	1-3	>3
adhesions	no	filmy	Partial	complete obliteration of D.P.

Min. I	Mild II	Moderate III	Severe IV
--------	---------	--------------	-----------

- 1) Frozen pelvis
- 2) Choc. cyst
- 3) Symet. & asymet. enlarg. of ut.

V. mole [hydatid. mole]

GTN

Choriocarcinoma

Def.

Benign tumor of trophob. cell by Tr. prolif. + hydropic deg.

Etiology

unknown. m.b. a 1st oocyte error
 genetic & mut. (آثار في جينوم المرأة)
 immunological
 extremes of age

Types

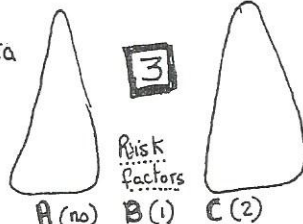
1. Benign
2. Invasive (choriadenoma destruens)
3. metastasizing

Complete

- 46xx
- common
- malign. 5-10%
- vesicles

incomplete

- 69 xxy
- rare
- rare
- + fetus & placenta



Metastatic

- lung (80%) = cannon ball
- larger than 1st
- regress after removing 1st

Non-metast.

- locally invasive
- Placental site troph. tumor

C/p

History --- of amen. + preg. sympt.

G

anemia + Comp
 PIH
 HG
 thyrotox.
 DIC

A

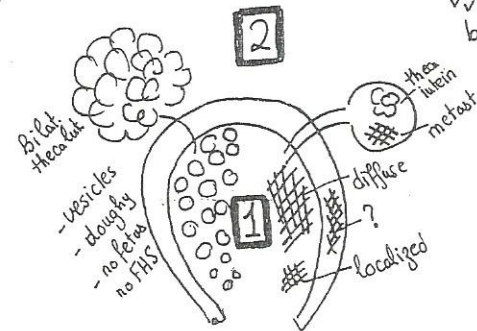
Swelling uterus ↑
 ovary ↑

P

Parin
 dull aching
 entirely sharp

I

irreg. bl. + vesicles



recent TOP < V.M. F.T. of History

✓ liver
 ✓ lung
 brain
 metastasis
 cachexia + anemia

G

↑ uterus = swelling

A

↑ ovary =

perf. of ut. comp. cyst

P

irreg. bl. after recent TOP

I

follow-up (prog. diag. --- B-HCG --- > 100,000 mIU/ml

Inv.

U/S --- Doppler (intra-mural)
 (x-ray) honey-comb. --- x-ray, CT, MRI (metastasis)

after evac. --- Histopath --- D&C must be done for...

- troph. prolif. + hydr. deg.
- avascular pattern of villi

- sheets of malign. troph. cells
- Hgic + avillous pattern

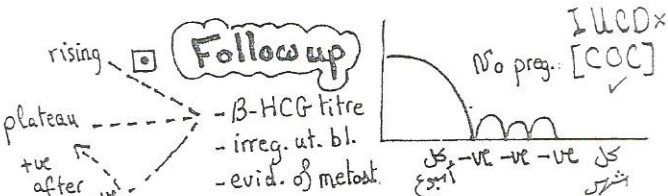
Resuscitation + Surgery

suction evac. hyst. intoto

- followed by ecbolics curettage
- Risk of choric 35%
- ovaries are not removed except...
- No hysterotomy

Methotrexate / Actinomycin D
 = Single agent for ! low risk group
 = 97% 5YSR (good prognosis)

OR MAC / EMA-CO
 = Combined agent for ! high risk group
 = 70% 5YSR (poor prognosis)



Followup

- B-HCG titre
- irreg. ut. bl.
- evid. of metast.

Surgery
 hysterect
 localized excision
 Chemoth. intolerance
 Comp. eg. severe bl.
 Completed her family

Etiology

□ S.I. 18yrs
multiple
non-circum.

□ Virus $\begin{cases} \text{HPV} \\ \text{HSV} \\ \text{HIV} \end{cases}$

□ Smoking

Inr.**1 Pap smear**

Ayre's
wooden
spatula

techn.

timing $\begin{cases} 1\text{yr} \rightarrow \text{high risk} \\ 3\text{yrs! others..} \end{cases}$

2 Colposcope

- epithelium
- vascularity
- acetic acid
- Schiller I₂

3 Biopsy

Punch $\begin{cases} \text{Colposcopic} \\ \times \text{ Cone} \\ \checkmark \text{ LLETZ} \end{cases}$
البديل

HPV

HPV

HPV

HPV

HPV

HPV

Conserv.

- Conization
- Cauterization
- LLETZ

+ Follow up

Pap
colposcope

strictly
بصرى

Pathology.

90% ectocx
sq. cell cr
10% endocx
adenocr.

Contraind.

1. Pelvic

2. Young pts

3. adenocarcinoma

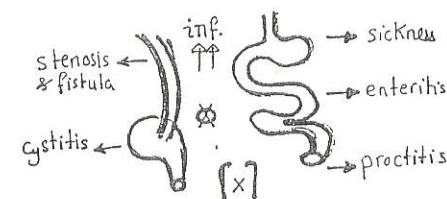
Adv.

less
M. & M.

Disadv.

* Early \rightarrow DNA dest.

* Late \rightarrow EAO



II b

III

Radiotherapy

II a Werthiame

Ia₂ extended

Ia₁ simple

Ib₁

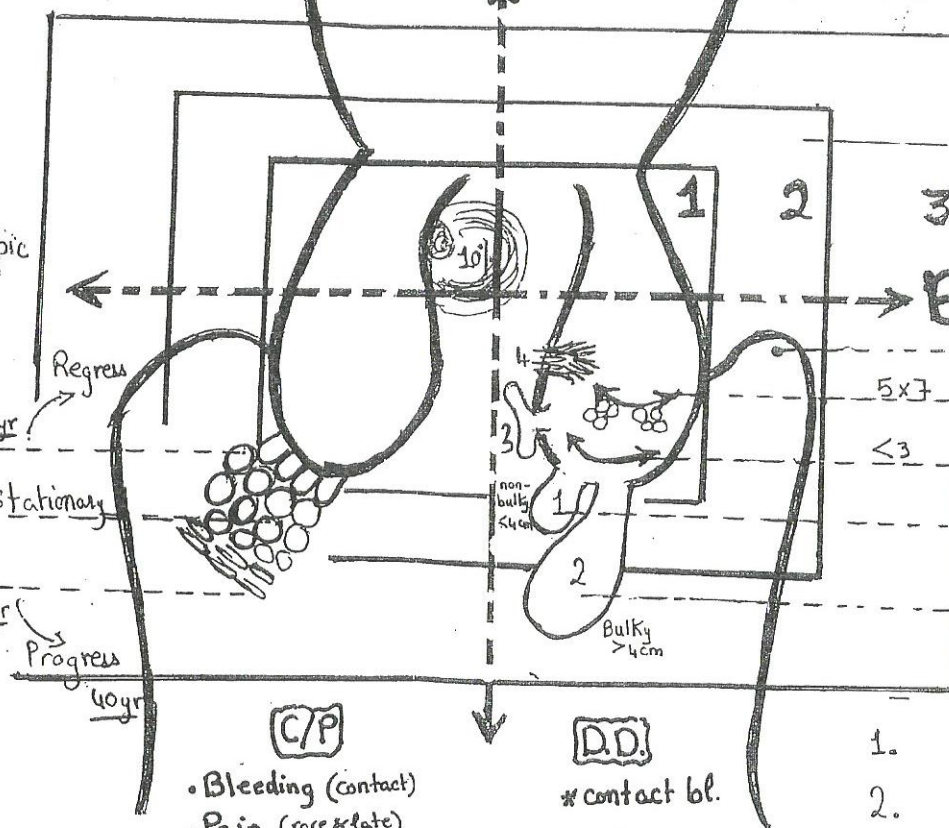
Ib₂

Adv.**Disadv.**

* Early $\begin{cases} \text{hge} \\ \text{inf.} \end{cases}$

* late

- lymphocyst
- wound dehiscence

**C/P**

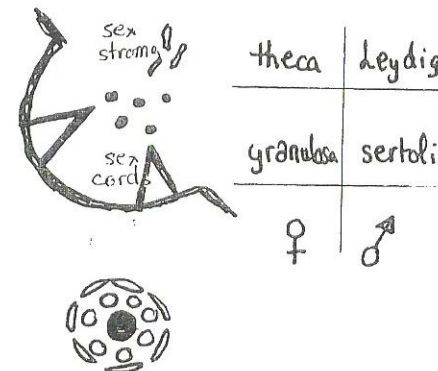
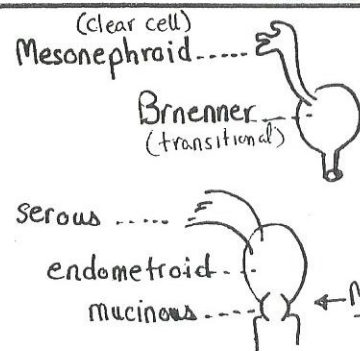
- Bleeding (contact)
- Pain (rare & late)
- Discharge (serosang.)
- Swelling $\begin{cases} 1] \text{ nodule} \\ 2] \text{ cauliflower} \\ 3] \text{ malig. ulcer} \\ 4] \text{ infiltrating} \end{cases}$

DD

- * contact bl.
- * ulcers
- * Polyps
- * Barrel shaped cx

Ovarian tumors

Primary

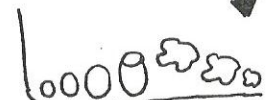


Secondary

- 5-20% of malign. tumors
- ! ovary is a common site for metastasis
- they reach ! ovary by blood or lymph. spread

Non-neoplastic

Functional ✓



- Anovulation
- < 6cm
- Follow up + COC
- of preg. ✓
- Halban dis.
- ectopic

- ③. PCO ← C/P of SOHA
W/S of Adam's Inv. esp. LH/FSH ↑ And
- EØ ← Pain... 6ds
infertility
Bleeding... cyclic
- PID ← fever
pain
disch. ⊕ Fixed RVF
⊕ tender adnexal swelling

- ③. Paraovarian cyst
- Wolffian remnant
- pr. effect → excision
- Theca lutein cyst
- VM, Rh, OM, twin
- charic., OHSS
- Pregnancy luteoma
- ↑ androgens
- virilization of mother + fetus

Common epith. 70-80%

(Mullerian)

1. Serous

- * small, uniloc.
- * psammoma bodies

- may be 20% B..BLM...M
- ! more malign.
- ! more:-

2. Mucinous

- * large, multiloc.
- * rupture → pseudomyx. perit.

- Solid ± hge
- bilat. 10%
- papillae

3. Endometrioid

- * chocolate cyst
- * post. in D.p.

- Stratificat.
- Atypia <
- invasion to stroma

(Wolffian)

4. Brenner

secretes "E"

5. Mesonephroid

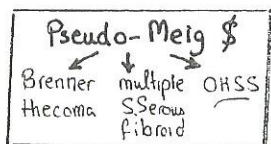
clear cell

Hobnail

Sex-cord 10%

1. (Gran. theca)

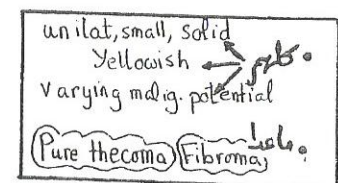
- Gr. & Gr. theca
- Pure thecoma
- Fibroma → Meig



2. (Sertoli Leydig)

↑ "An." < defim. musc.

3. (Gynandroblast) < 2%

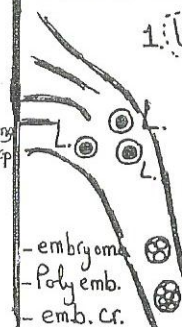


Germ-cell 5-10%

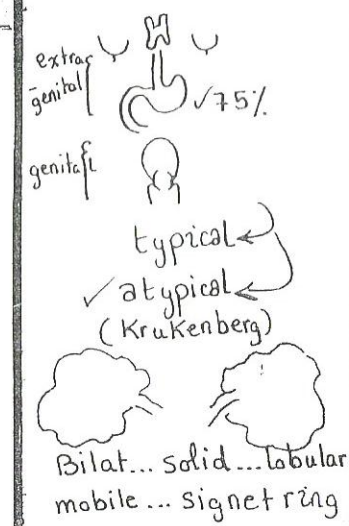
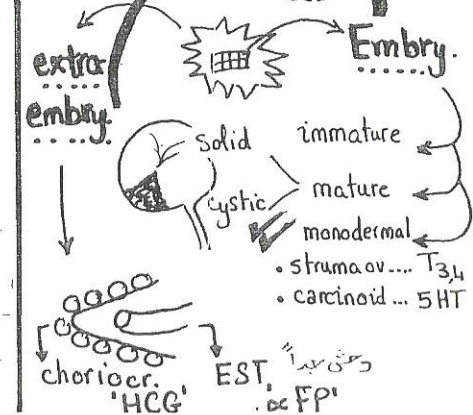
1. Undiff. (dysg)

- ! commonest malign germ cell tumor
- esp. in dysgen. gonads
- secretes HCG → P.pub

2. (Poorly)



3. (Well)



NOB

Any tumor with these ccc... search 1st for the Primary: mostly Stomach - upper GI endoscopy Ba-meal

A

* Aging 40 60 80
15 35 55 / 100,000

→ Familial (5%) esp. if 1st deg.
→ Genetic $\left\{ \begin{array}{l} \text{BRCA} \\ \text{Lynch II} \end{array} \right.$

* Incessant ovulation متوفاة

∴ ↑ by ↓ by

* Exposure to: asbestos, talc

General

* H. effect

* PL. effusion (Meigs)

* Cachexia

Abd

* enlarged liver or Kid.

* Ascites, omental cake

* Sister M. Joseph

Local

* Mass

- Pelvi-abd
- adnexal
- D. pouch.....
- U.V. pouch.....

* Nodules

↳ D.D!:-

① Swelling

Presented as
3d $\left\{ \begin{array}{l} \text{Distension} \\ \text{Dyspesia} \\ \text{Discomfort} \end{array} \right.$

② Bleeding

↳ P. Cong.
↳ tries to ut.
↳ functioning

OR Amenorrhea

↳ cachexia
↳ destr. destructive
↳ hormonal

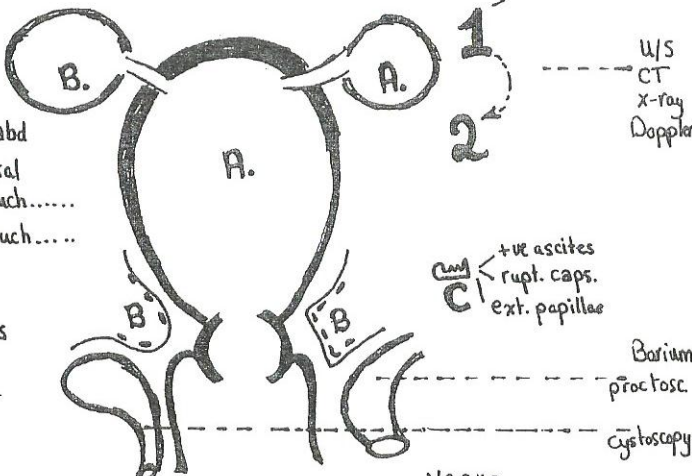
③ Pain

if Comp.

④ Disch.

عادي

Symptoms $\left\{ \begin{array}{l} \text{Vague} \\ \text{presented late} \end{array} \right.$



B

α-lab $\left\{ \begin{array}{l} \text{CBC, Hb\%, ESR} \\ \text{Tumour markers} \end{array} \right.$

1] Antigens — CA₁₂₅ epith.

2] Enzymes — الكبد dysgerminoma

3] Hormones — • β-HCG, α-FP germ
• estrogen, andr. funct.
• T_{3,4} & 5HT monodermal

α-scan

α-scope: laparoscopy $\left\{ \begin{array}{l} \text{staging} \\ \text{2nd look} \end{array} \right.$

α-biopsy

- aspiration from ! cyst x
- ! definitive biopsy is by ?!

C

acute abdomen \leftarrow ALL \rightarrow laparotomy

T $\left\{ \begin{array}{l} \text{acute: gangrene} \\ \text{chronic: parasitic} \end{array} \right.$ adnexitomy but don't untwist ! pedicle

H \rightarrow acute abd + shock + rapid ↑ size

R $\left\{ \begin{array}{l} \text{Papillary mucinous dermoid} \\ \text{infected hgic malig.} \end{array} \right.$

I $\left\{ \begin{array}{l} \text{infection: antibiotics + deroofting} \\ \text{incarceration: impaction in ! pelvis} \rightarrow \text{pr.} \end{array} \right.$

M alig.?! سوال

Pressure manif.

Reproductive:- dermoid مع الحمل
↳ 1st may be C.I. of preg. (esp. if < 6cm)
↳ 2nd ✓ laparotomy (esp. if > 6-8 cm)
↳ 3rd technical difficulty
↳ labor VD if no obst: laparotomy within a week

D

• Age extremes $\left\{ \begin{array}{l} \text{v. young:} \\ \text{v. old:} \end{array} \right.$

• General cachexia

• Abd Ascites, omental cake
enlarged liver, parast. LN.

• Local Bilat., fixed, tender,
Rapid growth
Nodules in D. pouch

• Inv ↑ ESR > 100
• +ve $\left\{ \begin{array}{l} \text{markers} \\ \text{cytology} \end{array} \right.$
• Doppler \rightarrow high velocity

• Intra-op....
as abd. & local $\left\{ \begin{array}{l} \text{papillae on outer surface} \\ \text{areas of hge \& necrosis} \\ \text{large Vs on ! surface} \end{array} \right.$

Non-neop

Functional



- follicular**
- Anovulation
 - < 6cm
 - follow up ± COC
- C.L. cyst**
- of preg. ✓
 - Halban dis.
 - ectopic

PCO
E₂
TOA

3. Paraovarian cyst

- Wolffian remnant
- pr. effect → excision

• Theca lutein cyst

- VM, Rh, OM, twin
- charic., OHSS

• Pregnancy luteoma

Proph.

1. Periodic exam.
2. Tumor markers
- ✓ 3. TVUS + Doppler

Removal

- > 6cm, persistent
- Hyst. if ≥ 45yrs
- High risk (familial)?!

Age.

- childhood..... germ cell
- CBP < functional cysts
- Dermoid
- Postmenop..... epith.

70-80%
Common epith.

(Mullerian)

1. Serous

- * small, uniloc.
- * psammoma bodies

2. Mucinous

- * large, multiloc.
- * rupture → pseudomyx. periti

3. Endometrioid

- * chocolate cyst
- * post. in D.p.

(Wolffian)

4. Brenner

..... secretes "E"

5. Mesonephroid

..... clear cell

- may be B..BLM...M
- ! more malig.
- ! more:-

Hic.

- Solid ± hge
- bilat.
- papillae

Mic.

- Stratificat.
- Atypia <
- invasion to stroma

Primary
Germ cell 5-10%

1. Undiff (dysg)

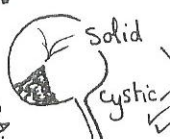
- ! commonest malig germ cell tumor
- esp. in dysgen. gonads
- secretes HCG → P. pub

- embryoma
- Poly emb.
- emb. cr.

2. (Poorly)

3. (Well)

- extra-embry.
- * choriocr HCG
- * EST αFP



- immature
- mature
- monodermal
- struma ovarii... T_{3,4}
- carcinoid... 5HT

10%
Sex-cord

1. (Gran. theca)

- Gr., Gr. theca
- Pure thecoma
- Fibroma → Meig
- = pl. eff & ascites

Pseudo-Meig

- Brenner, thecoma
- multiple S.S. fibr.
- OHSS

2. (Sertoli Leydig)

- ↑ "An." < defim. musc.

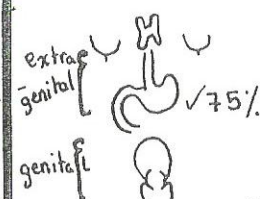
3. (Gynandroblast)

- unilat, small, solid
- yellowish
- varying malig. potential
- pure thecoma, fibroma

Secondary

"5-20% of malig. tumors"

- ! ovary is a common site for metastasis
- they reach ! ovary by blood or lymph. spread



typical

atypical (Krukenberg)

- Bilat... solid... lobular
- mobile... signet ring

B M

Expl. laparotomy

1. midline incision
2. perit. cytology
3. inspect & palpate ± biopsy
4. don't allow cyst to rupture

I

II III IV

- TAH + BSO
- ± N
- Appendectomy
- infra-colic omentect.

- max. debulking
- optimum cytored.

⊕

Chemotherapy

- epith..... CAP
- carbopl. is less toxic > cispl.
- Adriamycin m.b. removed
- 2nd line → taxol
- germ..... BEP

S F

1. Sex cord stroma feminizing or virilizing

2. Germ cell

	B-HCG	αFP
• embry.	+	+
• choric, dysg.	+	-
• EST	-	+

3. Epith. → Brenner

- struma ovarii → T_{3,4}
- carcinoid → 5HT

Vulval dystrophy

5%

VIN

5%
20-30 yrs

Invasive (4%)

60-70 yrs

Etiology

Chronic irritation
Autoimmune/met. dis. e.g. DM, achlorohydia
Local factors: chafes (↑ atrophy)
Nutritional def. e.g. Fe, folic, B-complex
Environmental & familial

Control

Skin

irritation

psoriasis

D.D.

lichen planus

1. Biological: candida, condyloma, LGV
2. Mechanical: pruritis vulvae (scratch)
3. Chemical: glucosuria in DM

Path

Sq. cell hyperplasia
(Leukoplakia)

Mac. Well defined
Raised

Mic. hyper-keratosis
acanthosis
papillomatosis
Atypia

Atrophic
(Lichen sclerosus)

thin, dry, smooth, white
رفيفة زرقاء اللون

hyper-keratosis
thin epith.
flat pap.
Chr. infl. reaction
Kraurosis vulvae

* Squamous → VIN I

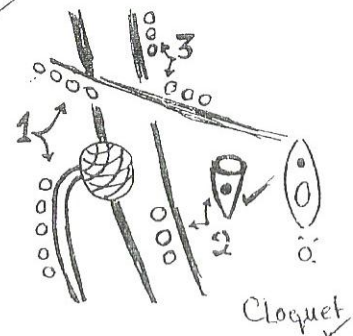
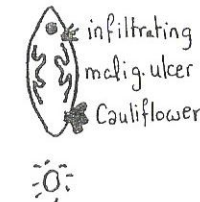
- Postmenop (HPV-ve).... unifocal
- Premenop. (HPV+ve).... multifocal

* Non-squamous

- Paget (adenocr. in situ) → 1-2% adenocr. of apocrine sweat gland
- Melanoma (5%)

1. L. majora } Sq. cell cr.
2. Clitoris } Well different.
3. L. minor

Mainly lymphatics



Sympt...

Asymptomatic

P-P-d-d

+ Bleeding

Signs...

Change in color (white/pigmented)

change in contour (flat, raised)

+ Mac. path. ← mass ulcer L.N.

Inv.

1. Etiology ← swab GTT

2. Diagnosis ← colposcopy
acetic acid
toluidine blue

3. Comp.... biopsy (definitive)

treatment

1. أول حاجة symptomatic ± ! pdf.

local
- hydrocortisone 1%
- clobetasol 0.05%

local
testosterone 2%

2. أوي تنى follow up

Localized

- * Wide local excision (with safety margin 5mm)
- * local dest. ← 5% 5FU
Laser
cryocautery

2/3 multifocal

25% recurrence

Multifocal

Simple
vulvectomy
(skin only)

1. أول حاجة prophylaxis → any... biopsy

Surgery

radical
Butterfly
triradiate
± S.C. fat
± ing. L.N.

Radiation

adjuvant (postop) → curative (min. role)
→ LN > 4 or Cloquet
→ tumor > 4 or Clitoris

2. أوي تنى → prognosis: Clitoris? (very vascular)

Staging of vulval tum.

	Tumor		Node	Met
I	T ₁	< 2 cm	N ₀	M ₀
II	T ₂	> 2 cm	N ₀	M ₀
III	T ₃	٣ فحلات	N ₁ (unilateral)	M ₀
IV	T ₄	الى فوقهم	N ₂ (bilateral)	M ₁

Vaginal carcinoma

- Secondary.....more common ✓✓✓esp ant. wall suburethral
- Primary..... upper 1/3 of post vag wallsquamous cell carcinoma✓
 - ↳ Other rare
 - Adenocarcinoma → on top of Gartner duct (Wolfian remnant)
 - Clear cell adenocarcinoma → on top of vaginal adenosis (DES)

- Spread ➤ Lymphatic → upper 2/3 (like cervix).....lower 1/3 (like vulva)

- Treatment

↳ Radiotherapy ✓✓ radium or cesium ± external pelvic irradiation

↳ Surgery

- Upper 2/3 → Radical hysterectomy + removal of upper part of vagina

- Lower 1/3 → Radical vulvectomy + removal of lower part of vagina

شفوة

Radical vulvectomy

* Complications: ✓mortality: 1-3 %

- . Artery → hge & shock
- . Vein → DVT & p.embolism
- . Lymph → lymphedema of LL
- Nerve → parathesia of thigh
- Skin → infection & necrosis
- Bone → osteitis pubis
- . Vulva → disfigurement
- . Vagina → dyspareunia
- . Urinary → UTI

D.D. of vulva

ulcers

Cong.

tr.

infl.

Neop.

Misc

! episiot...→ ulcerated

← T.B
+ Syph.
+ Herpes

- Sq. cell cr.
- Basal cell cr.
- (rodent ulcer)

- Aphthous ulcer
- Behcet X

Swellings

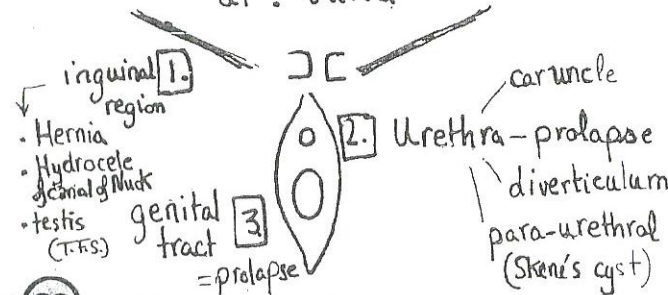
• Dermoid

• Hematoma

• Barth. abscess

• Benign/malig.

• other swellings appearing at ! vulva



نظري

Pruritis vulvae

General disease

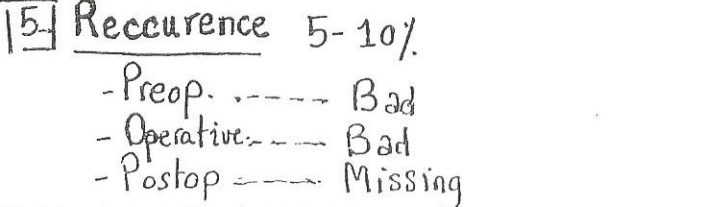
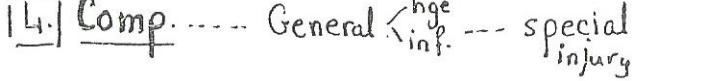
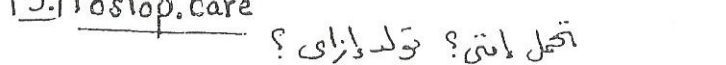
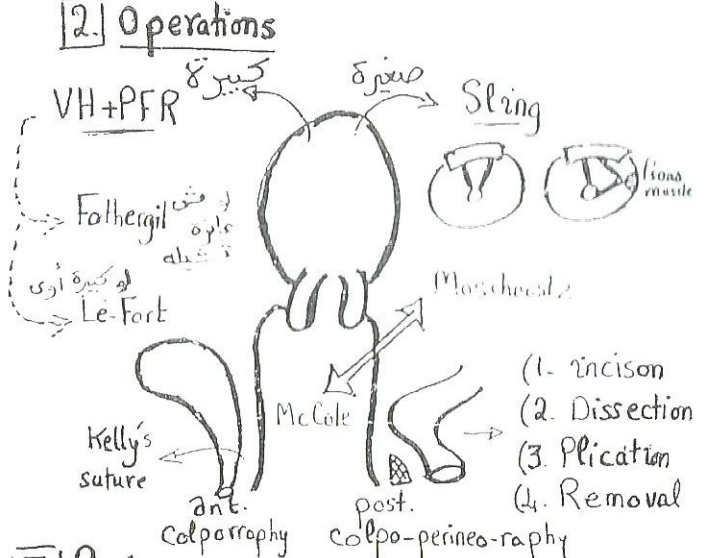
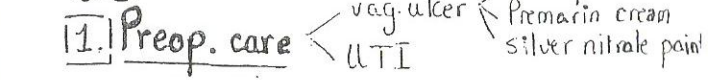
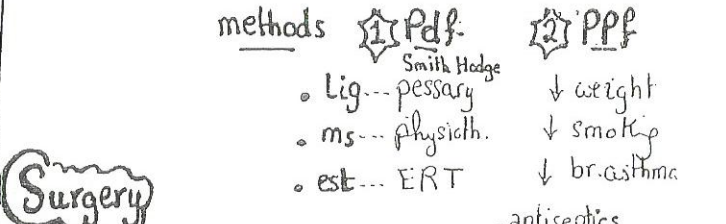
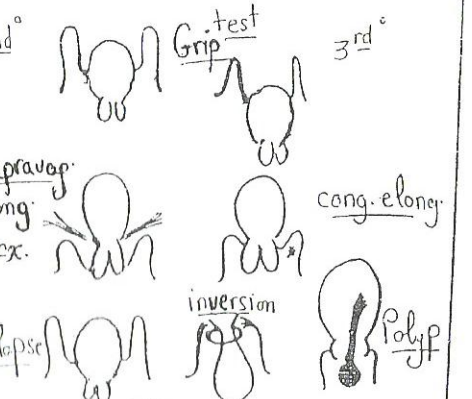
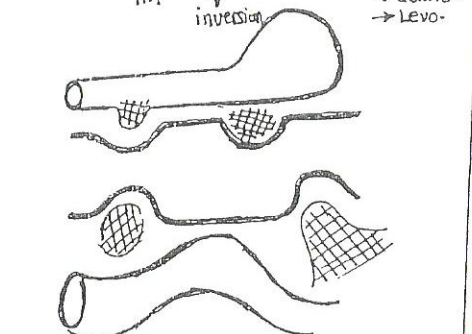
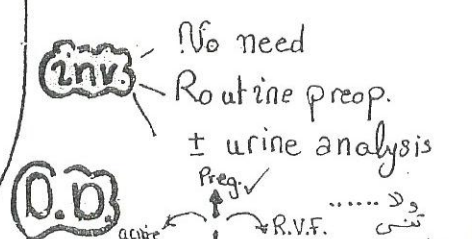
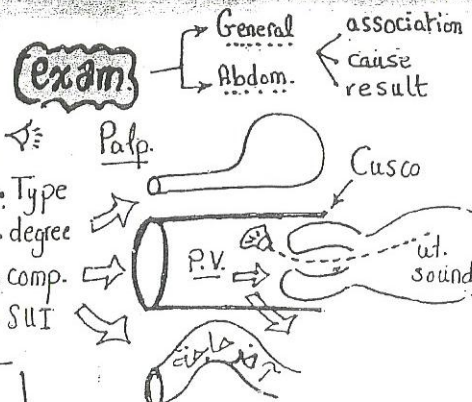
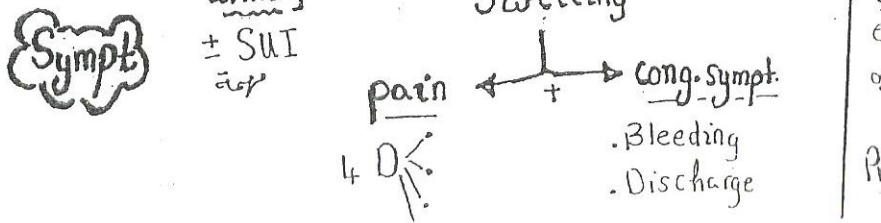
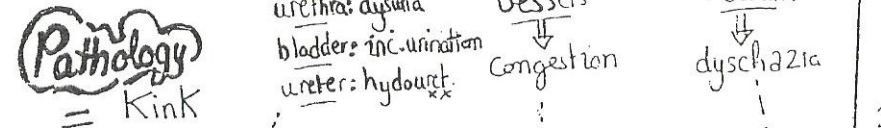
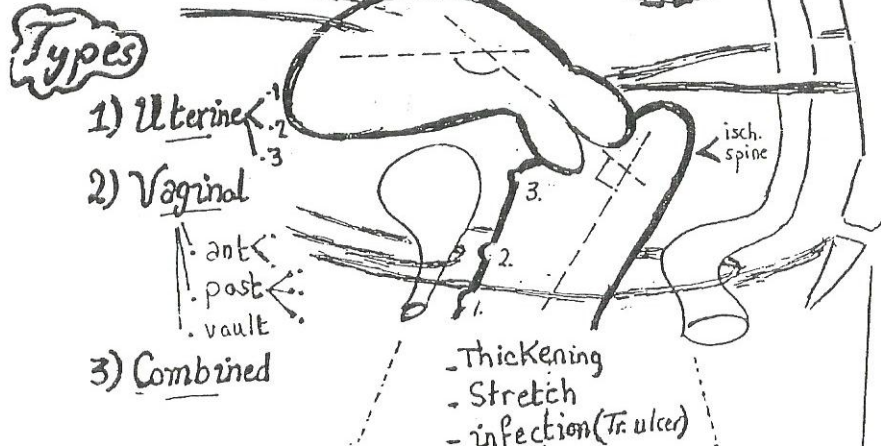
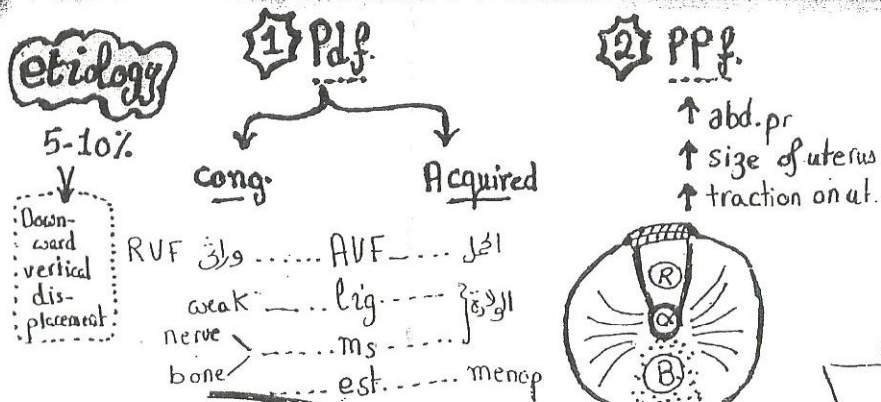
- Liver.....cirrhosis, jaundice
- Kidney.....chronic renal failure
- Endocrine.....DM, ↑ or ↓ thyroid
- Blood.....lymphoma & leukemia
- Autoimmune.....achlorohydria
- Menopause.....senile pruritis
- Psychological.....scratch habit

Skin disease

- Eczema & urticaria
- Parasitic infestations
- Vitamin def

Local (90%)

- Vulvo-Vaginitis →
- Vulval dystrophy /neoplasia



1 Prophyl.

care proper

Pdf

Ante-natal { AVF --- Smith Hodge

Intra-nat { Lig. --- pessary

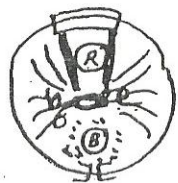
Ms --- physioth.

Post-natal { Est --- HRT

Avoid ↑ abd.pr.

PPF

after hysterect.



2 Palliative



Preop.

Oper.

Postop

- * الحادى
- * المرضة
- * المتغيرة
- * الصغيرة
- * الكبيرة

3 Surgical

G → anemia
chat
L → trophic ulcer
UTI

1. incision
2. dissect
3. plicate
4. removal

vag-pack Rf
No I.C 2-3m
No preg 2-3yrs
VD possible
CS preferable



Hge
Inf.
Injury

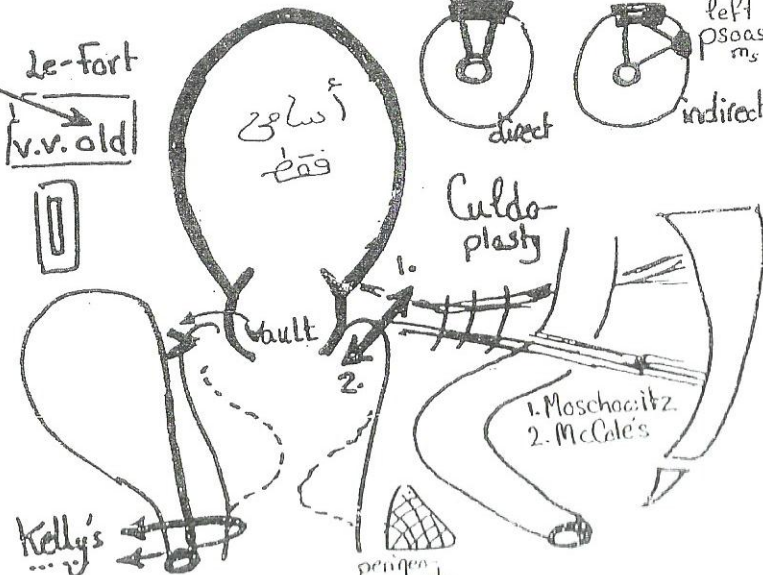
1) Sling

2) Fothergill

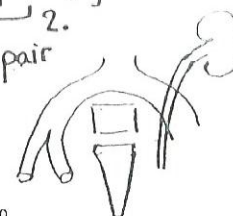
3) Le Fort

Old
VH + PFR

Young
Abd. sling



Ant. Colporrhaphy
Post. Colporrhaphy
Classical repair



Recurrence 10%
Bad Bad Missing

Preop.
Operat.
Postop

- int. obstruction
- left LL pain
- possible injury of

tear inf. infertility
exdyst. PTL PIOs

• difficult IC D&C

Normal

- involuntary loss of urine
- due to acts of fed abd.pr
- when intravesical pr is > intraureth.pr
- In absence of det. cont. ///

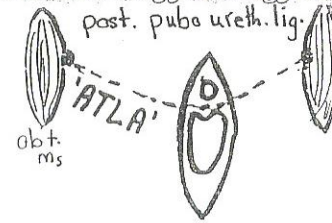
1. Bladder 0-20 -ve

2. Post. UVA = 90-100°

3. Urethra 80-100 +ve

Passive (compliance)

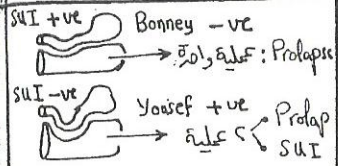
Active -ve



Hammock 5. 'theory'

DI idiopathic inf. irritation: ✓
Neuro-pathic

Etiology



intrinsic sphincteric dam. (genuine SUI) 1 damage

Anatomical weakness 2 urethral hypermob

Acq. Cong. - obst. - menop.

Invest

major social & hygienic problem diag by a
→ symptom
→ sign
→ urodyn.

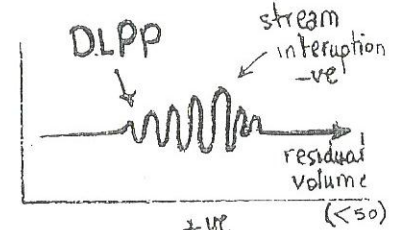
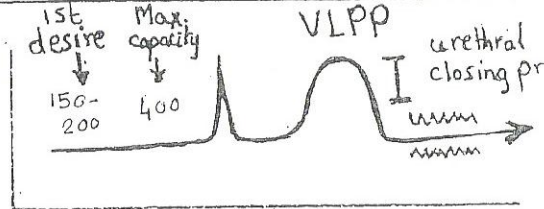
electrophys. studies

TVUS see mov. by
Cystoscopy

C&S. urine analysis

Confirm mov. by: Urodynamics

1. Cystometry ✓
2. Ureth. profilometry
3. Uroflowmetry



+ve spurt on cough

+ve stream

DI → agam
SUI → penetration

III.

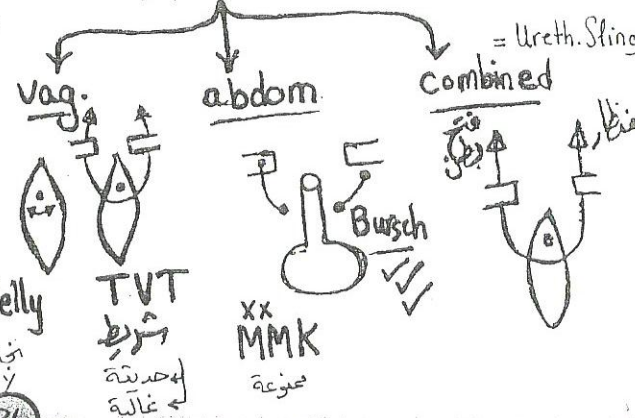
ERT
Conservative

- Kegel's exc.
- Faradic current

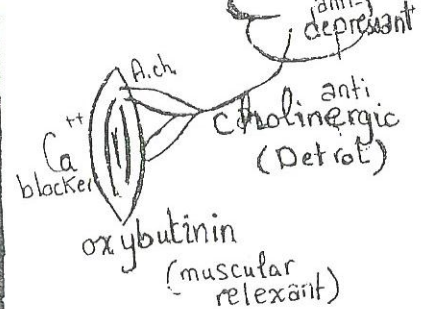
paraurethral implants or art. sphincter

vag. cones
vag. pessary

جراحة



أدوية (stepring)



! Key in success is proper re-suspension.
لو افكر في كده
→ retention!

(1) Congenital

(during division of uro-genital sinus)

(2) Direct

F
F
F
F

Surgical

Obst

vag.

abd.

direct

indirect

بالد في الوافية

في التو

بعد أسبوع

ETIOLOGY

(3) Inflan.

- non-specific
- Chr. gran. dis.

(4) Neop.

e.g. cr. ex

(5) Irrad.

 - EAO
 - Pedicle graft
anemia
uremia → Bad g. condition

tender loin pain

1 Preop

- CBC
- urine C&S ?
- IVP ± RFT

2 Diagnosis

- EUA + methylene blue test
- cystoscopy
- chromocystoscopy

 vesico
 uretro
 قطة في الوافية
 أزرق: vesico
 مبلو: uretro

2 Operative

3-6 months

من فوق (ملاحة)

- High (inaccessible)
- Ureteric
- Recurrent

- ▲ Dedoublement (flap splitting)
 - Separate bl. & vag.
 - Excise ! fistula
 - Close both walls separately

- ▲ Saucerization (Sim's)
 - Elliptical incision
 - Excise ! fistula (fibrotic)
 - Close as a single layer.

- ▲ Latzko (partial upper colpocleisis)
 - if vault fistula.

3 Postop.

- No I.C. 2-3
- No Preg 2-3
- For healing: catheter

 left for
 care by
 checked every
 removed by

C/O

O/E

- True incont. (Paradoxical if <)
- UTI (recurrent)

- see it ?
- feel it ?
- move it ?

أحسن بلا

Sim's position

ناحية على جنب الشخ

Metal click test

لا يعمل : أي كلام

- apply
- Zinc O₂
- vaseline

- * Inflammation ± P
- * Excoriation
- * Soreness

- * Offensive disch.
- * evidence of p. tear

[C] Vag.

C/O

O/E

- incont. of flatus (stools if.....)

- see it
- feel it
- move it

أحسن بلا

speculum

P/R

Postop. 3

- No I.C. 2-3
- No preg 2-3
- For healing

4 Failure

نسبة عالية في فشل

5 Prophylaxis

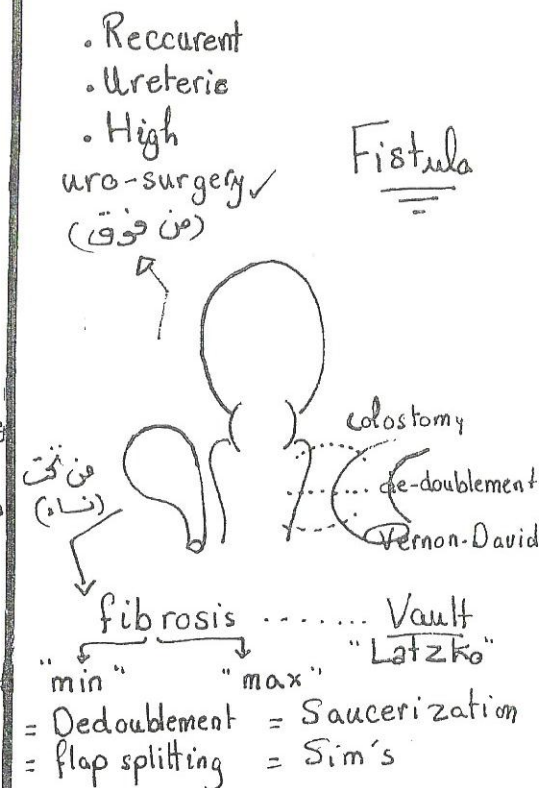
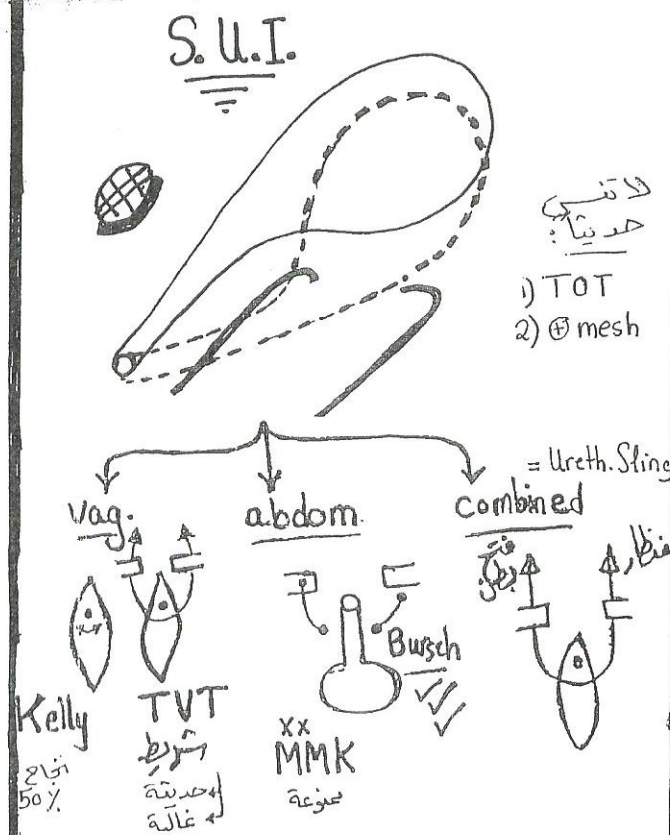
- good obst. + surg. care
- leave a catheter + proper bl. dissection

Failure 4

نسبة عالية في فشل

Prophylaxis 5

- good
- proper manag. of perin. tear



Recurrence \uparrow 10%

	Bad	Bad	Missing
• Pre-op			
• Operative			
• Post-op			

for

- **M**ild
- **M**uch
- **M**ixed

• ERT

• paraurethral implants

• Kegel's ex...

• Faradic current

• vag. pessary

• vag. cones

High failure (recurrence)

□ Preop < $\text{المعدة} \dots \text{CBC}$
 $\text{القولبة} \dots \text{inf.}$

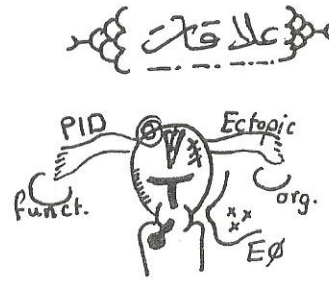
□ Operative < proper dissection
 proper haemostasis

□ Postop < delay IC (3m) preg (3yr)
 care of catheter

أهم ما يجب
 prophyl. شرايين < 1) Avoid injury: anatomy
 2) early detection.
 3) immediate repair
 4) leave a catheter

Amenorrhea

	H.	P.	Ov.	Ut	Diagnosis
Cong	1 ^{ry}	2 ^{ry}			
Tr.	Cryptomen.	Pregn.			
Infl	1. Turner	1. PCO			
Neop	2. Mullerian	2. hyperpr.			
Misc.	3. TFS	3. hyperandr.			
	<p>general ← debilitating dis. drugs ↑↓ أي عنة</p>				<p>T₃₄ HCG Pr.</p> <p>Proges → +ve = Anov.</p> <p>→ -ve</p> <p>E+P → -ve = Asch.</p> <p>→ +ve</p> <p>LH FSH ↑ cv Hyp. Pit</p>



Bleeding

- CBP
- Peri
- Post
- contact

Amen.

- swelling ← Preg. Crypt
- D&C →
- irreg. bl. → Anov.
- 1) PCO
- 2) ↑ Pr
- 3) ↑ Andr.

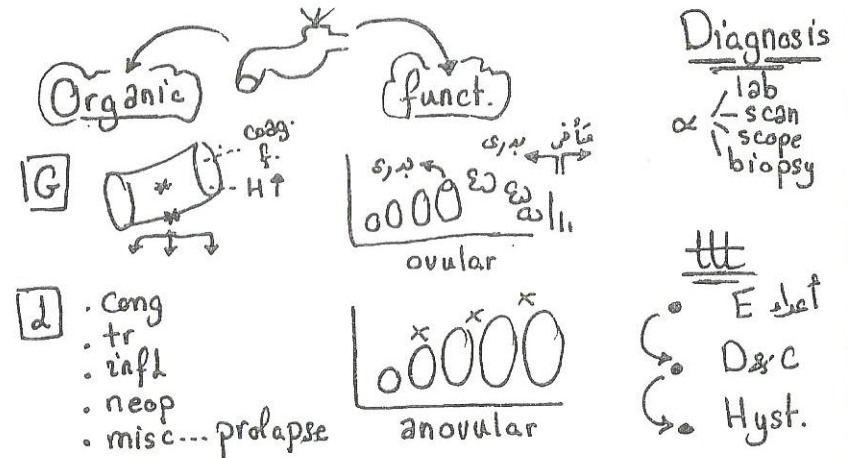
Swelling

- + infert ← Fibroid
- + fever: PID
- + amen. ← uterus: V. mole
- adnex: ectopic

IUCD

- Amen... pain (ectopic)
- fever... disch. (PID)
- pain
- ✓ PID - missed
- BL - pain

Bleeding



	Fibroid	1. EØ	2. PID	3. Ect.	Adnexal swelling
Age	CBP	CBP			
Pd	↑ E	↑ E			
Sympt.	ABCDE	triad	triad	triad	
Sign	3P	1. 2. 3.	1. 2. 3.	1. 2. 3.	كله يتفوق
inv	u/s	fixed	tender		U/S
comp	Bleeding	RVF	cx motion		منظارة
ttt	infertility	infert.	fever	amen	
	Acc. to age				
	Young old				

Swelling

etiology

cong tr. nfl neop Misc

5



Assesment

u/s 000 Progest 21

PID EØ

HSG... laparosc.

Fibroid

حاجات

ch. cervicitis

Post coital

impot... prenat. ej

Semen

ch. infection (chlamydia)

20 --- million/ml

30 --- normal forms

50%... forward mot.

✓ A B C D x

Infertility

Endomet

"1"

Cervix

"3"

Ovary

"2"

1. Age

>60 (related to E₁) < white
low parity

2. Etiology

unopposed ... menst ccc
hyper "E" ... endogenous
... exogenous

3. Path

mac
mic

simple 1%
complex 3%
atypical x10

Adenocarcinoma
• localized
• diffuse

4. Spread

mainly direct spread
• may be by lymphatics

↑ Perforation
↓ cx
malig. fist.

5. C/P

Sympt

Post menop. bleeding (however atr. end. polypi are commoner)

G.

CCS ... Obese + D.M. + HTN

A.

only if ... pyometra or associated fibroid

L.

small uterus ± myohyperplasia

6. Inv.

Scren

diagn

TVUS ... 4-5 mm

Biopsy ...

fractional D&C

hysteroscope

Pipel

7. Cause of death

upward perf. & peritonitis

8. Staging & Ht

Surgical staging

I TAH + BSO

II

III Tele + brachy

9. Prognosis

! best : early presented : Ia grade I

CIN 35-40 ... 5-15 inv. 50 (multipara)

18 yr multiple part. uncircumcised

• SI

• STD < HPV / HIV

Sq. cell cr.

1. Nodule

2. Caulif. mass

3. ulcer

4. infiltrat.

10% → adenocarcinoma

Nodule ... barrel shaped cervix

90% → TZ

mainly lymphatic

1st relay cx, ureteric parametrial

2nd iliac

3rd Parametrial

Contact bleeding

uremia

Pyometra

suspicious cx

Pap smear (Ayre's wooden spatula)

Colposcopy ... biopsy

punch, colposcopic

Cone, LEEP

... Uremia ...

Clinical staging

Ia₁ ... simple hyst.

Ia₂ ... extended

Ib ... Radical

IIa ... (Wertheime)

Radiotherapy

20% < 40 ... 60 > 20% (low parity)

* Aging

* fam. & genetic

* ovulation

BRCA

Lynch II

↓ by C.O.C.

Non-neoplastic

Neoplastic

Funct. +

30-50% → Parov. cyst

3 → Theca lut. Preg. luteoma

1% → Common epith

1% → germ cell

2% → sex cord = Kruker

mainly seeding = implantation
transcoelomic

Vague 3d

dyspareunia

discomfort

distension

± BL

congestion

secondary

estrogen

± amen.

cachexia

destruction

androgen

H. effect < thyrotoxic virilization

Ascites ... omental cake ... sister M. Joseph nod.

Adnexal ... pelviabd ... U.V. pouch ... D. pouch swell

difficult

Periodic exam.

tumor markers

TVUS + Doppler

Antigens

enzymes

hormones

Exploratory laparotomy

1. Surg. stag.

2. Biopsy

3. Ht

int. obstruction ...

Surg.

TAH + BSO

omentectomy

L.N.

⊕ optim. debulkin

Chemoth.

epith ... CAP

germ ... BEP

! worst : late presented : III stage

Swellings

Adeno-myosis



- Cullen's theory
- Deep glands (Horm. insensitive)
- Size < 12 wks
- C/O.... bleeding
- Ht < med. x surg. ✓

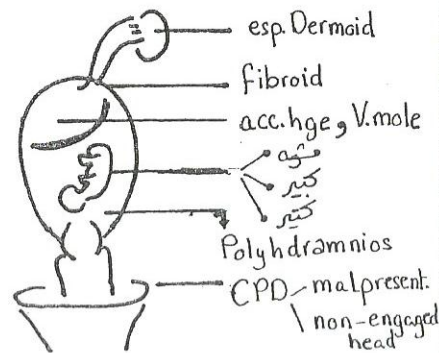
+ Amen.

- Preg / pseudocyesis
- uterus < cryptomen.
- Pyometra, hematometra
- tube... encysted TB perit.
- ovary... cr. < ...

+ infert.

- uterus.... fibroid, adenomyosis?!
- tube... PID, TB
- ovary... neop → Dermoid?!
- non-neop < EØ PCO

Preg. + Swelling



fibroid
chorio-cr.
Adenomyosis

Non-symmet.

Dermoid
Epith.
1-2
dysgerm.
Krukenb.

Neop.

Symmet.

Preg.
Fibroid
Cryptom.
Pyometra

Functional
PCO₂
EØ₁₋₂
PID (TB)₁₋₂
T-L cysts₂

RVF Post. wall fib.
ectopic
-PID
-P. abscess
-P. hematoma
-encysted TB

EØ
cr. ov.
TB

Others
-ectopic Kid.
-tum. of Perit sigmoid

* fibr. 4% Large
* Cr. ex.
* chr. Cx

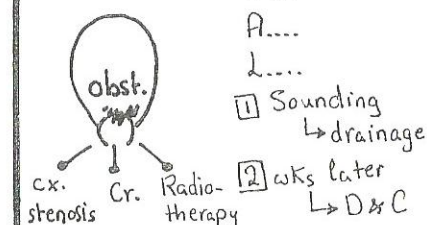
* Prolapse
* Polyps
* chr. inversion
* IGT swellings
* Corp. Cx

1) Abd. → ut
2) vag. → Cx
3) Sound.

"others"
inguinal
hemia
GT
prolapse
polyps
urethra
canal

swellings
hypert. of clitoris
hematoma
Bartholin
B/M
elephantiasis
Cong
tr.
infl.
neop.
misc
ulcers
STDs
chr. gr. dis
tumors
herpetic
TB
trophic ulcer in prolapse ectopy

Pyometra



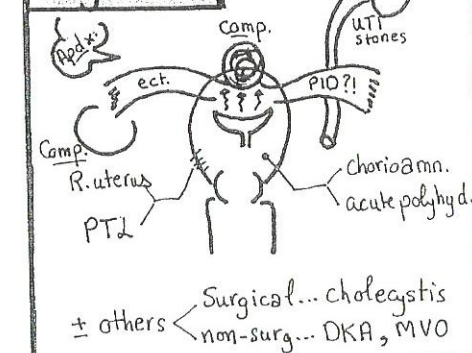
+ Bleeding

- Preg.... comp.
- uterus < fibroid
adenomyosis
- tube... large TO complex
- ovary... cr. < ...

+ pain

- Preg.... comp.
- uterus.... comp. fibroid
- tube.... acute PID, pyometra
- ovary.... comp. swelling "THRIM-PR"

Preg + Pain



Peri-menopausal bl.

• for investigations.....
• most probably.....

diagnosis of
exclusion

DUB

أصل مات
عن كل حاجة
وطلت بال -ve

horm. أي أدوية تؤثر على coag. أو
ضيق ، سكر ، مشاكل في الكلى ، الكلى ، الغر
أعراض مشاكل في الأنف : ترين عند الأرباب purpura
أعراض أمراض النساء المشهورة الأربعة
Pain bleed. swelling disch.
G: ضيق ، قلب ، سكر
metastasis ، jaundice ، Wirschow
A: كبد ، كلى ، استقاء
pelvi-abd. swelling ، sister M. nodule
L: No uterine/adnexal swelling
cx is not suspicious

عرفت لزي

History

No * exam.

لزي تأكد

inv.

u/s

إليه العلاج

Fibroid

A. ✓ Bleeding.....menorrhagia
C. Comp.....(1/3) infertility (functional, anatomic)
D. Discharge
Enlargement, Pain Pressure Preg.
G: anemia, rarely → polycyth.
A: Firm? Painless? Mobile?
L: swelling (pelvic, pelvi-abd.) (symmetrical, asymet.).

إلى تكون
الصورة في
واحدة

إليه تاني
ممكن أنك
بـ

إليه تاني
ممكن يتعل قبل
العملية

طاما
مجنونة
جراحة

(mostly hysterectomy in that age)

* What are other indications
* Is hyst. more difficult > myomectomy?
Why?
* What are other alternatives

إزاي تال
على
الترين ؟!

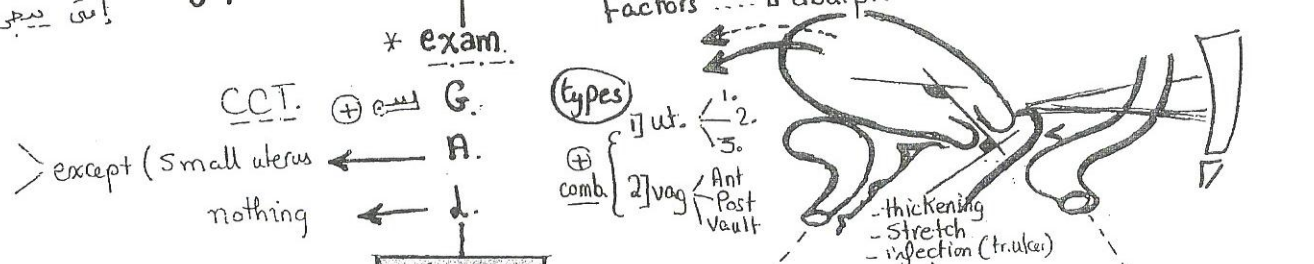
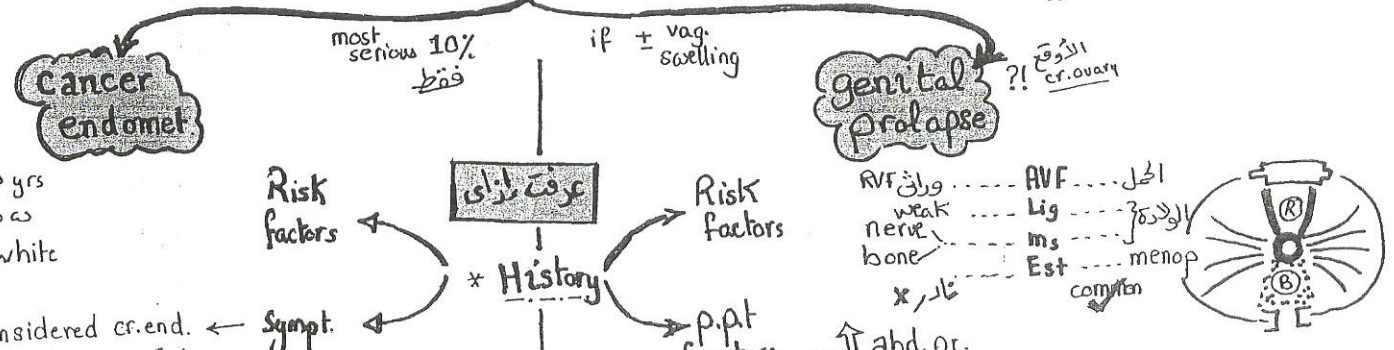
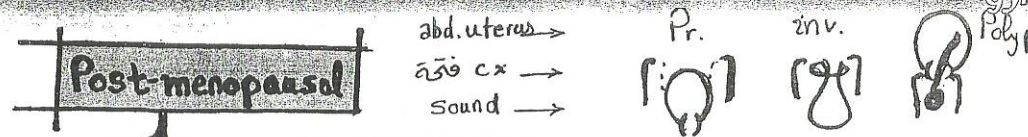
البورة 1)

• menorrhagia
دورة طويلة
أو ثقيلة
• metrorrhagia
دورة مفاجئة
• polymenorrhea
تسعى مرتين في الشهر

الترين 2)

• Amount
تعرفنا من عدد النوط
= napkins
وإد إليه
soaked, stained
مع غرقانة
• Clots
= severity
• Coitus
= contact bl
• bl. from other
sites
= general cause
• effect on g.
condition
• ttt received

general
- CBC, coag. profile
- sugar
- liver, renal functions
local
endomet ← DxC
cervix ← Pap.
ovary ← T. markers
± Doppler
Bleeding :
- Iron, anti-PG
- Hemostatics
- C.O.C.
أعد الـ E-
infertility → induction
of ovulation.
1] Medical
2] DxC (both <)
3] Hysterectomy
آخر حاجة بعد ما كل شيء آف
يفضل أكثر من مرة (إليه البيل ؟)



1) Screening: TVUS 4-5 mm

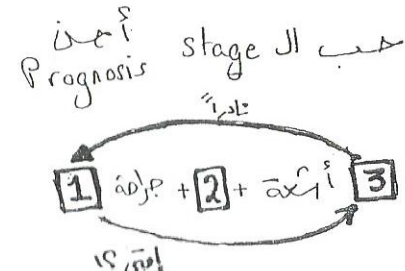
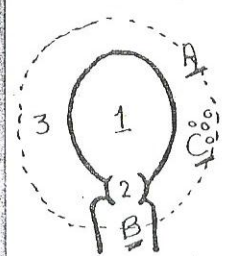
2) Confirmatory

• D & C (إليه الأكثر)
• Pipelle (إليه الأصغر)
• hysteroscope (إليه الأدق)

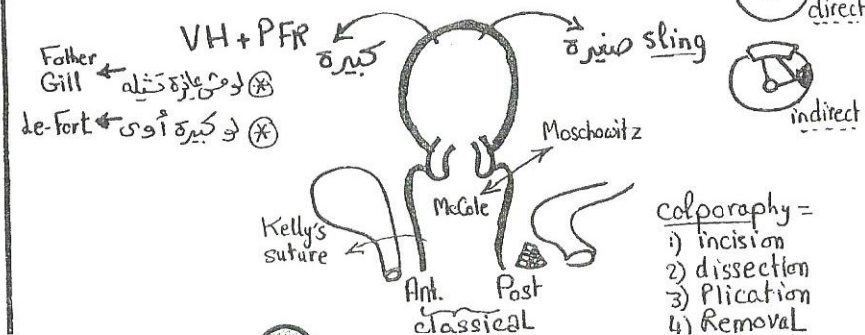
إزاي تشاك

inv. No need

إليه التلاخ



grade II, III
Papillary, serous



مش ممكن يكون
السبب حاجة ثانية؟
↓
Yes.

- 1) Dysfunctional
- 2) other tumors (cr. cx, cr. ovary)
- 3) HRT
- 4) Atrophic v. vaginitis or/ senile endometritis (most)

5) Uterine polypsis

- | corporeal | cervical |
|----------------|------------------|
| 1. Fibroid | 1. Fibroid |
| 2. Adenomatous | 2. Mucous |
| 3. Malignant | 3. Malignant |
| 4. Placental | 4. Granulomatous |

* C/P for all

- Bleeding
- Pain
- Discharge

* Ut. Pa all

- Polypectomy ± D & C
- send for histopath.

* How to differentiate bet. them

- uterine sound ✓
- U/S
- hysteroscope
- HSG

Other tumors

Cancer cervix : CIN

HPV 16, 18 {
- sexual intercourse
- multiple partners
- esp. if at 18 yrs

any contact bl. is considered as ex.
DO → uterine polyps {
- ex } inf. or
- vag. } malig

Risk Factors

Sympt
35-45 yr.

عرقه إزاي

History

exam.

uremia ⊕ **G.** ⊕ endocrinological / Merig synd.

nodules
ulcer
cauliflower mass
Hydronephrosis
suspicious ex

1 Screening : Ayre's spatula
↳ Pap smear

2 Confirmation : Colposcopy

- epith.
- vascularity : punctate
- acetic acid : white areas
- Schiller I₂ : yellow areas

Cone : زمان
LEEP : جرياً

3 Biopsy (colp. guided)

Bethesda classif.

L.G. SIL

H.G. SIL

wt of inf.
& follow up
after 6m

CIN I
HPV
↓
local dest. [tri-chloro
acetic acid]

CIN II
CIN III

follow up
8/1/1

Young
cautery
LEEP
Cone
old : hysterect

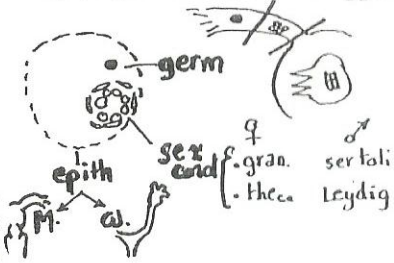
إيه العلاج

Cancer ovary

- Age --- old age
- Parity --- low
- Race --- familial { BCRN
Lynch II

Risk Factors

Sympt → D. D. D. (non-specific)

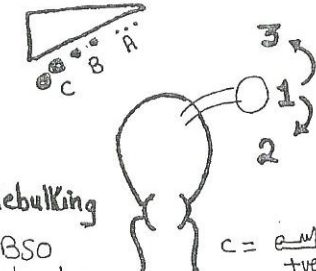


Lab : T. markers e.g. CA₁₂₅ C_{19.19}
scan : Radiology ؟ GIT
scope : endoscopy
biopsy : by exploratory laparotomy ✓

the nature

Benign
□ cystectomy
□ oophorectomy
□ TAH + BSO

malig.
Optimum debulking
= TAH + BSO
lymphadenectomy
omentectomy
chemotherapy
CAP : epith.
BEP : germ



من مكان يكون
البي حارة كاية ؟
↓
Yes → **T.B.**

organism Mycobact.
tuberc. > bovis
(human)
Route {
- blood borne (lung)
- Peritoneal
- lymphatic
- ascending e semen

Pathology . Tubercles
- caseation
- Polypi
- ulcers ✓ 25

C/P
.....
Night
Loss
cachexia
Pelvi-abd swelling
100%... PID
50% menst irreg. amenorrhea
5% Polyps ulcers

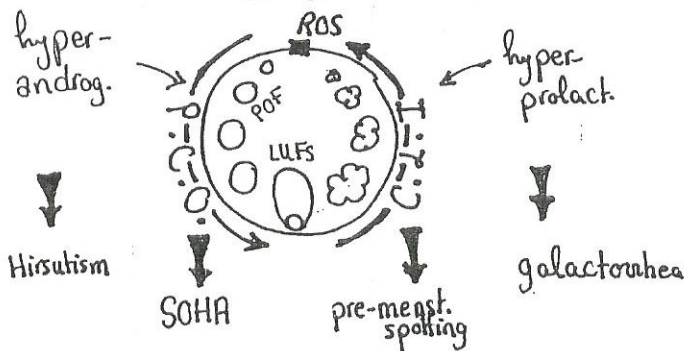
Inv.
G.
chest x-ray
ESR
biopsy
HSG.... laparosc.
- Sausage, beaded
- lead pipe, segment
- everted fimbria
D & C....
- Zeil Nelson
- Low Jensen
- G. Rig inoculation

Young & infertile
- medical 6-9 m
- if failed → salpingectomy
- ICSI (no tuboplasty)
Hysterectomy
- old age
- large masses
- ulcers, fistula
- irreg. bleeding

CBP

Anovulation

Fibroid



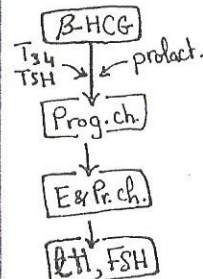
عرفت إزاي

* History

* exam.

All may lead to

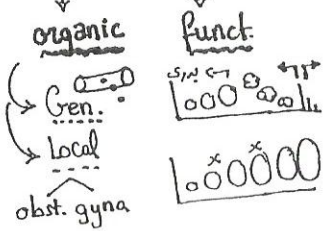
Amen.



علاج البعب

1st 2nd
لاقي لاقي
النساء الرجل

Bleeding



Fe + Anti-PG

Horm. D&C
Hyst.

infertility

- 1st • exclude الزوج ✓
- then
- Ovary: PCO... U/S, LH/FSH
- Tube: PID... HSG
- Perit: EØ... Laparoscopy
- Ut: Ascherm... hysteroscope
- cx: infect... C&S

induction of ov.

tubo-plasty lap. ov. drilling
ART

إزاي تأكد

إليه العلاج

Bleeding:
Swelling:
infertility:
anat. funct.



إليه أنواع
? degen.

- * hyaline (myx)
- * Pseudocystic
- * fatty
- * calcif.
- * red deg.
- * atrophy

العلاج في النادرة أكيد
• Polypectomy D&C
• Myomectomy

How to ↓ bleeding

- raise Hb%
LH-RH
Post-menst.
- Arteries < ut. ov.
fibroid: vasopressin
incisions: ant, midline

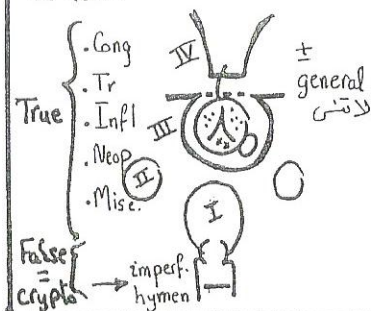
عمل إليه Bonney

1. clamp
2. screw
3. Hood operat.
4. elevation test (SUI)

إليه إختار ال amenorrhea

Phys. < 12 > 45

Path



1] Uterus Absent

- Mullerian agenesis
- Test. Fem. Synd
- test. level no hair

2] Breast Absent

- E. = Hypogonadism
- Hyper-Gn = Turner
- Hypo-Gn = cong. & Hypoth, Pit

3] Both present

- Acquired causes
- PCO
- hyperprolact.
- hyperandr.
- cryptomen.

4] Both absent

cong. eng. deficiency

CBP

PID

Endometriosis

- Org.**
- Non-specific
 - STOs
 - gon, chl
 - viruses
 - monilia, TV
 - chr. gr. dis
- PdP**
- obst. abortion
 - gyna. D&C IUED
 - SI
- Route**
- Ascending
 - Direct
 - Blood

Risk factors

عرفت ازای

Risk factors

- Age ... CBP
- Parity ... low
- Race ... Caucasian

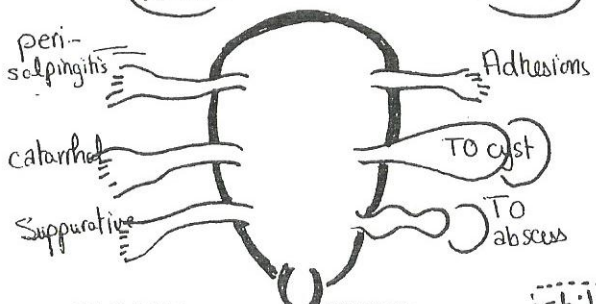
Sympt

History

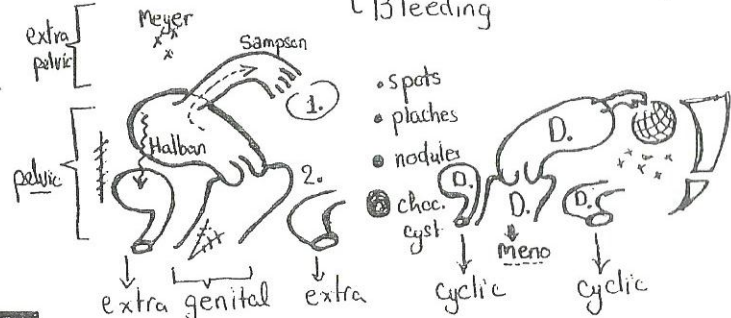
Sympt

- Triad**
- Pain (6ds)
 - Infertility
 - Bleeding
- Phys. Anatomy

Acute --- Chronic



- Exam.**
- toxic ← G.
 - bl. Cong. ← A.
 - disch. tender ← L.
 - cx mov. & adnexae
 - ± mass ± RVF



ازای تناسلی

inv.

Laparoscopy

- Diag. therap.
- ov. F.T. D.p.
 - min mild mod. severe
 - nodules adhesions

- ± U/S
- ± CA 125 for follow up

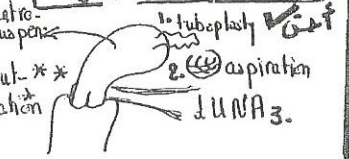
Bleeding

Infertility

Pain

- Progest 10mg 1x3
- Danazol 200 mg
- Dimetrisone 2.5mg
- ↓ HRR analogue

Surgery



TAH ± BSO

ایو الیلاج

Proph --- Medical --- Surgical

1. A
2. A
3. A
1. A
2. A
3. Antibiotics
- CDC recommend.
- Amoxicillin
- garamycin
- Flagyl

laparotomy

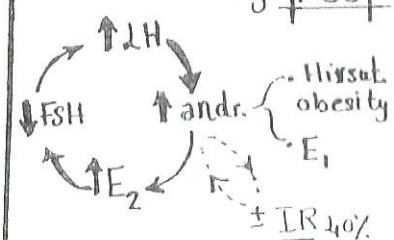
- if pus ... drainage
- if mass ... removal

adnexect. : young

hysterect. : old

ممكن يكون
السبب حابة ثانية ؟!

- 1] Cong. x x
- 2] Traum. ... IUED
- 3] Inflamm. ... PID
- 4] Neop. < B ... fib, polyp
- 5] Misc. < Prolapse Anavaulation e.g. PCO



Rotterdam criteria

- C/P ... SOHA
- U/S ... Adam (necklace)
- Inv. ... LH/FSH 3:1
- Andr. ↑

العلاج حسب الشكوى

بن لازم weight ↓ انشول

hirsut. Bleed. Infert.

- Finasteride
- COC
- clomid ± HCG
- ± cidephage
- Lapare.
- IVF & ET
- FSHBC
- D&C
- Hyst
- ov. COC
- dexam x x

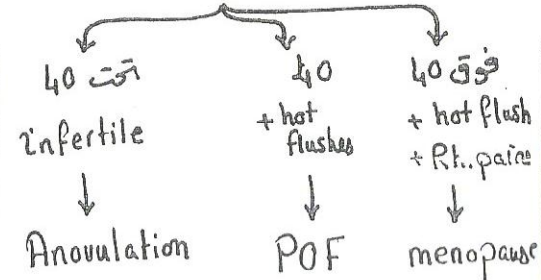
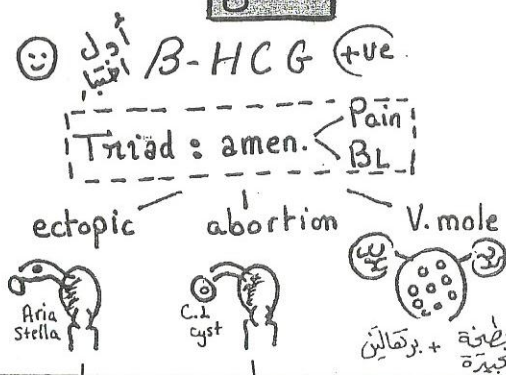
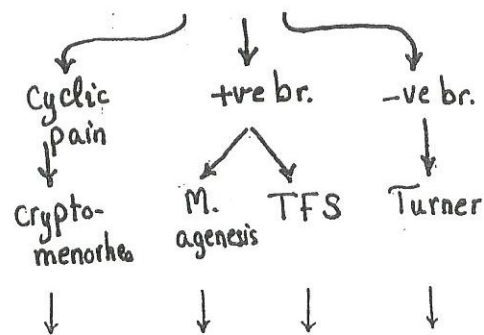
Cases
Keyword:
Amenorrhea

Amenorrhea

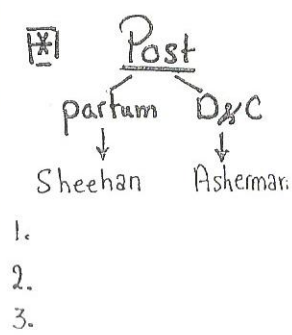
صغيرة

حامل

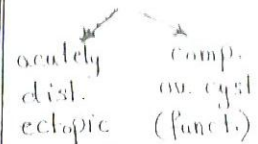
كبيرة



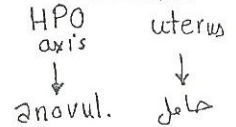
Miscell.



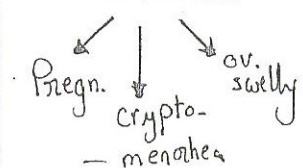
+ Acute abd



+ bleeding

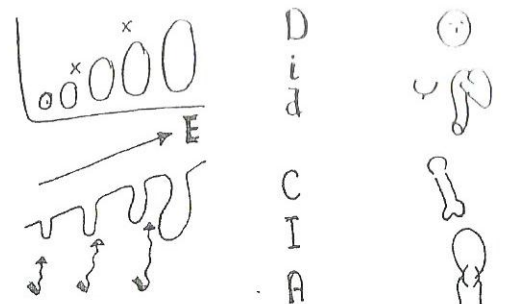
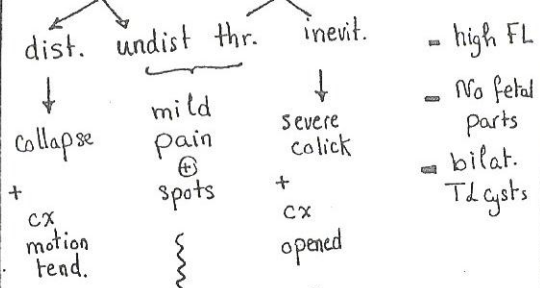


+ swelling



C/P

- Pelvi-abd swelling
- Bluish bulging memb.
- Normal looking ♀
- Tall
- well develop breast
- No axill. hair
- Short
- Webbed neck
- Cubitus vulgus

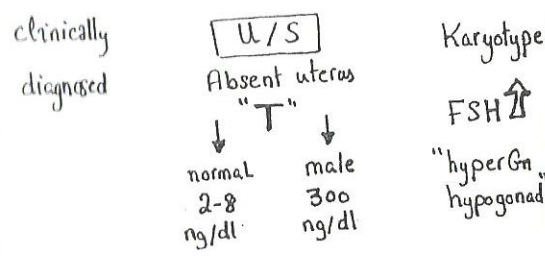


↑ FSH
DEXA
LDL, HDL

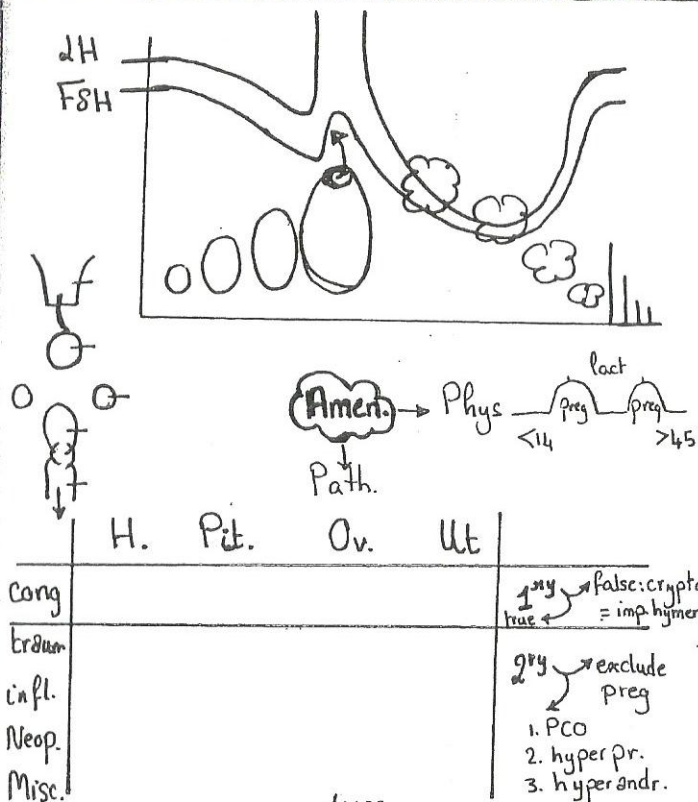
HRT versus

- SERM
- Tibolone (livala)
- Agreal
- Bi-phosph. (fosamax)

Inv.

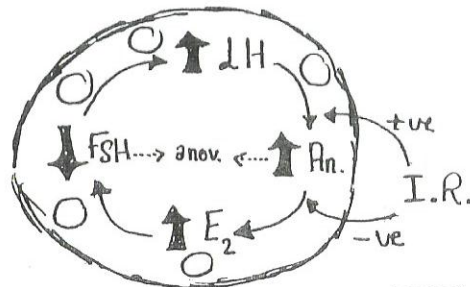


Amenorrhea



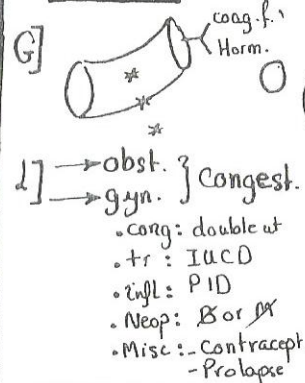
PCO

Def: It is a synd. ccc. by SOHA

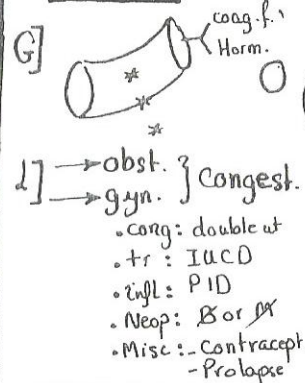


Bleeding

Organic



Dysfunct.



Diagnosis

History

age

marital st.

menst. irreg.

contr.

Past

Exam.

G... A... L

Inv.

lab: CBC, coag. tum. mark.

scan: U/S

scope

biopsy: tumors

ttt

Drugs

hemostatic

medical

anti-fibrinolytic

hormones

anti-PG

menst. irreg. progest, COC

contr. COC mirena

infert. ind. of ov.

synth. andr. danazol

GnRH in cont. manner

minor surg

D&C ... hysterosc. end. ablation

major surg

Hysterectomy

14 funct. ov. cyst

20 menst irreg.

24 Infert.

26 PCO

30 unopp. ↑ E.

40 Peri.MB (OUB)

45 End. hyperp.

60 End. cr.

Diagram illustrating a connection between a PCO (Prenatal Chorionic Organ) and a fibroid. The PCO is represented by a circle containing the number 7. A line labeled 'PID' connects it to a larger circle labeled 'fibroid' and 'cx'.

20
30
50

if any
it failed \Rightarrow ART

Discharge

世。

Cidophage (oral hypog.)
ParLodol (bromocrypt.)
Androcure (cyprot. acetate)

induction of ovulation

masses, adhesions

```
graph TD; A[masses, adhesions] --> B[+ve]; A --> C[-ve]; B --> D[surgery]; C --> E[induction]
```

salpingectomy followed by "ART"

Myomectomy

- Progest in 2nd 1/2
- HCG day 14
- Proper induction

Anti-biotics
cauterization
AIH

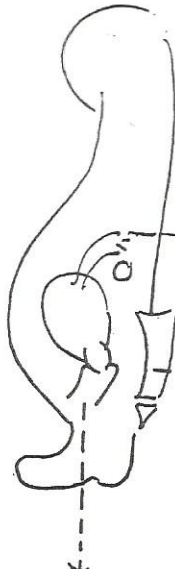
Pain in Gyna

مع الكلى
لا تبنى

1] Idiopathic
(psychogenic)

2] Non-gyn
urinary
intestine
Musculoskeletal
surgical medical

3] Early preg.
Comp. مقلبة
عقارفة
e.g. ectopic



212
Pelvic pain :-

Low
Backache

uterosacral lig.
e.g. Prolapse
- ex esp. chr.
Douglas pouch
e.g. - EØ
- ex fibroid

Dyspareunia

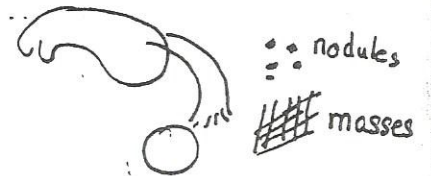
superficial : vulvag.
Deep : lesions in D. pouch

Acute

THRIM
Ovary... if complicated
Tube... acute PID
uterus... comp. of fibroid

Chronic

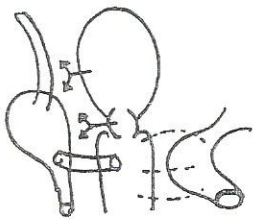
PMT
Dysmen.,
cryptomen.
cyclic
acyclic (causes of p. cmg.)
- Traum..... IUCD
- Infl..... chronic
- Neop..... B... M
- Misc..... prolapse



Genital tract traumas

1] Surgical

Incision < dehiscence
Keloid
Burst
Vs hge
Ns Parasthesia
Organ..... loss of funct.
Viscera adhesions
fistulas



Misc. missed
towel

2] Direct

القاهرة
accidents < Burns
Stabs

السايل
Foreign
bodies

الاصيب
Circum-
cision

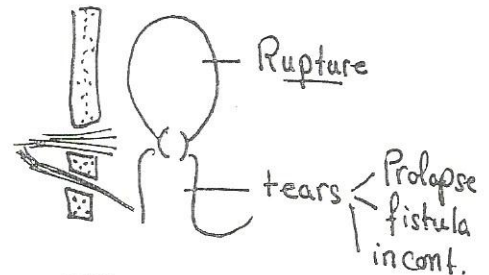
1) clit.
2) + L. minora
3) Sudanese
4) un-classified

الخلج
sexual
abuse

لا تبنى
Contraception
IUCD
PID
missed
Ring Vag.
Pessary
if neglected

3] Obst (! Commonest)

Mother



Fetus

201 < 202
مقلبة
(سؤال نظري)

1) Head
cephalhem.
& caput succ.

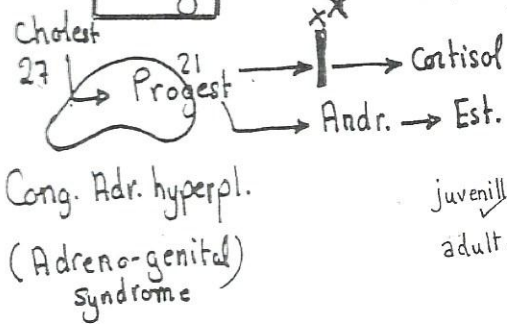
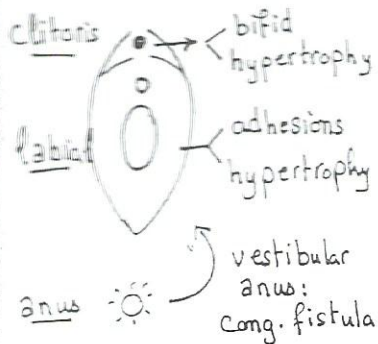
2) Musculo skeletal fractures
3) Periph. nerve < Erb's
Klumpke's
4) Soft tissue ... Rupt. spleen

Genital in Gyna

Gynecology - Dr. Mohamed El-Mandool

Discuss Child "hood" Gynecology

Cong.



etiology def. enz. < 21 hydroxylase / 11β hydroxylase
 ↳ deficient synth. of cortisone ↓
 hyperplasia → ↑ ACTH → ↑ synth. of androgens
 juvenile / adult types
 C/P < ↓ Cort. neonatal shock for life / ↑ andr. ambig. genit. surgical correction
 Inv. ↑ 17α OHP

Traumatic

- sexual abuse
- accidental trauma (F. body)

circumcision

- type I: clitoris
- type II: + labia minora
- type III: + labia majora (Sudanese)
- type IV: unclassified.

Inflammatory

- ttt
- 1) General: antipruritic
 - 2) Specific: Abs acc. to C&S
 - 3) if resistant → "E"
 - 4) if persistent → x-ray [search for FB]

Due to absent "E" < thin vagina. decreased acidity.

- ↳ 1st y: Cong. cong. fistula, ectopic anus → parasites
- ↳ 2nd y: Infl. transmission from adults → STDs
- ↳ 3rd y: Traum. acc. FB in vag. ✓ → non-specific
- ↳ 4th y: neop. sarcoma botryoides
- ↳ chemical irritation: diaper rash
- ↳ poor hygiene: ...

Neop.

Sarcoma botryoid

- Grape like
- occurs in 1st 2-3 yrs
- Aggressive

Germ cell tumors

- Dysgerminoma
 - malignant
 - esp. if dysgenetic gonad
 - secretes HCG → pr. pub.
- Endodermal sinus tumor
 - very rare
 - aggressive
 - secretes AFP

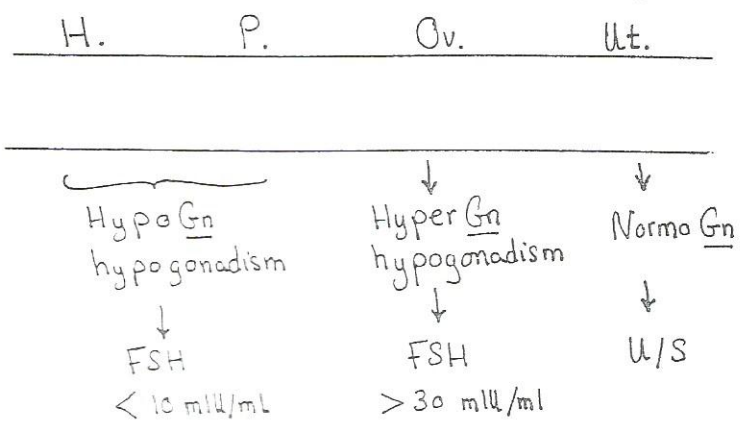
Miscell.

Precocious

- Types**
- incomplete
 - complete
 - isosexual
 - ↳ true (central)
 - ↳ false (periph)
 - heterosexual
- Inv.**
- Horm. profile
 - ↳ LH, FSH
 - ↳ T_{3,4}, cortisol
 - Radiology
 - ↳ x-ray hand
 - ↳ CT brain
 - ↳ pelvi-abd US
- ttt**: acc to cause

Delayed

14 yrs without 2nd sec
 16 yrs with 2nd sec
 No menarche for 5 yrs after thelarche



Childhood Gynecology - Dr. Mohamed El-Mantouh

Manifestations of ♀ G.T. anomalies

* Introduction

♀ GT is developed from various origins

- The ovary is developed from 1 urogenital ridge
- The tubes, uterus, cx, upper 4/5 of vag. : Mullerian duct
- The lower 1/5 of vagina & 1 vestibule : U & sinus
- The ext. genitalia \leftarrow
 - clitoris : G. tubercle
 - L. min. : G. fold
 - L. maj. : G. swelling

* Classification

anomalies may occur in ! following organs

- Vulva : Ambiguous genitalia, labial hypertrophy, adhesions
- Vagina : Absent (as in \leftarrow M. agenesis, TFS), imperforate hymen
- Cx : Patulous int. os, cong. elongation
- Uterus : Absent, hypoplasia, fusion defects \leftarrow
 - septum
 - bicorn., unicorn.
 - rudiment. horn
- tube : Hypoplasia, accessory ostium, divert.
- ovary : agenesis, dysgenesis (Turner \$).

* Manifestations

Gynecological

- Newborn : Ambiguous genitalia
- Puberty : 1st amen. \leftarrow
 - False : crypt. \leftarrow
 - imp. hymen
 - Tr. vag. sept
 - Cx. atresia
 - true
 1. Turner
 2. M. agenesis
 3. TFS
- Adolescent :
 - Menorrhagia } Bicornuate
 - Sp. dysmen. }
- CBP :
 - infertility \leftarrow
 - ov. dysgenesis (Turner)
 - Mullerian agenesis
 - tubal anomalies
 - dyspareunia \leftarrow
 - vag. septum
 - cong. elong. of cx
- Old age :
 - tumors \leftarrow
 - Dysgenetic gonads : Dysgermin.
 - Vag. adenosis : DES
- Association :
 - Renal 30% IVP ✓
 - Skeletal 15% X-ray

Obstetrics

Most anomalies are asympt. & its 1st presentation may be during pregnancy

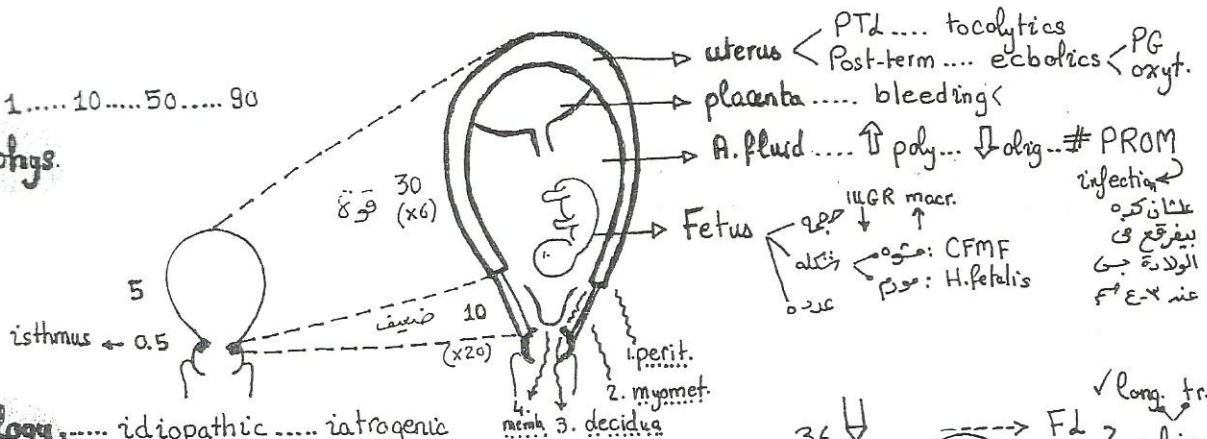
- * Early preg
 - Habit ab. \leftarrow
 - Cx : Patulous os
 - ut : sept., bicorn.
 - Ectopic \leftarrow
 - tubal anomalies
 - rudimentary horn
- * late
 - Malpresentations (Breech, Tr. lie)
 - due to abnormal ut. cavity
 - altered accommodation
- * labor
 - Prolonged } malpresent.
 - Obstructed }
- * PPHage
 - Atonic :- علم مشوه
 - Retained pl :- pl. accreta.

OBSTETRICS

1 Def.

2 % 1.....10.....50.....90

3 Pathophys.



4 Etiology

idiopathic.... iatrogenic > 50%
أدوية

5 Types

Mother.... fetus.... local

6 C/P

G anemia/shock

A

I

P.V.

not done if ROM bleeding

done mainly at 37 wks (to assess labor)

Palpation

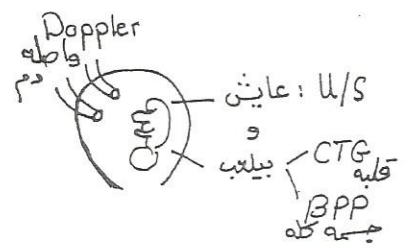
Auscultation: FHS

7 D.D.

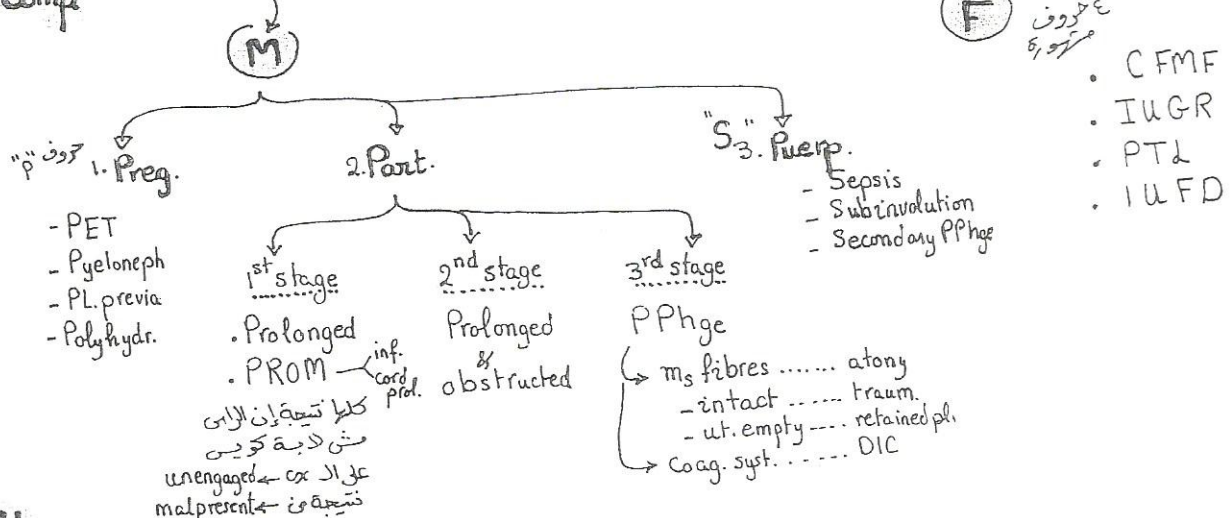
8 Inv.

Aetiology
B → FCW B
Comp
Diagnosis
E → routing

1. History: fetal Kicks
2. Exam: Fl = amen.
3. Inv: - معة

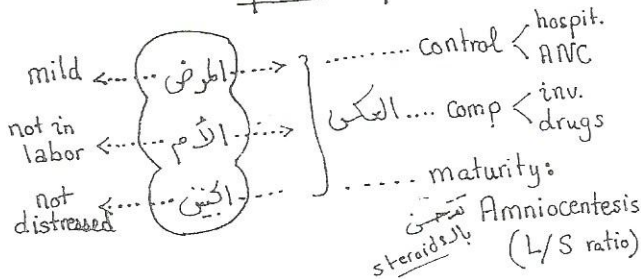


9 Comp

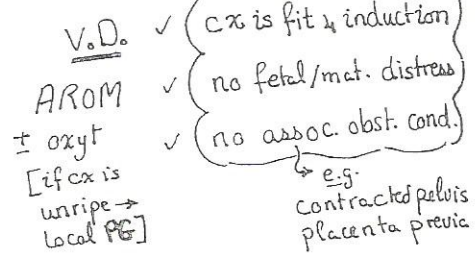


10 III

Conserv.



TOP

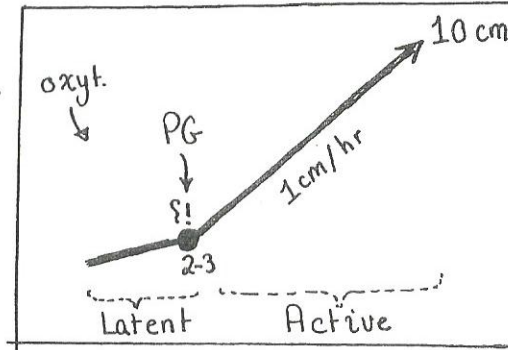
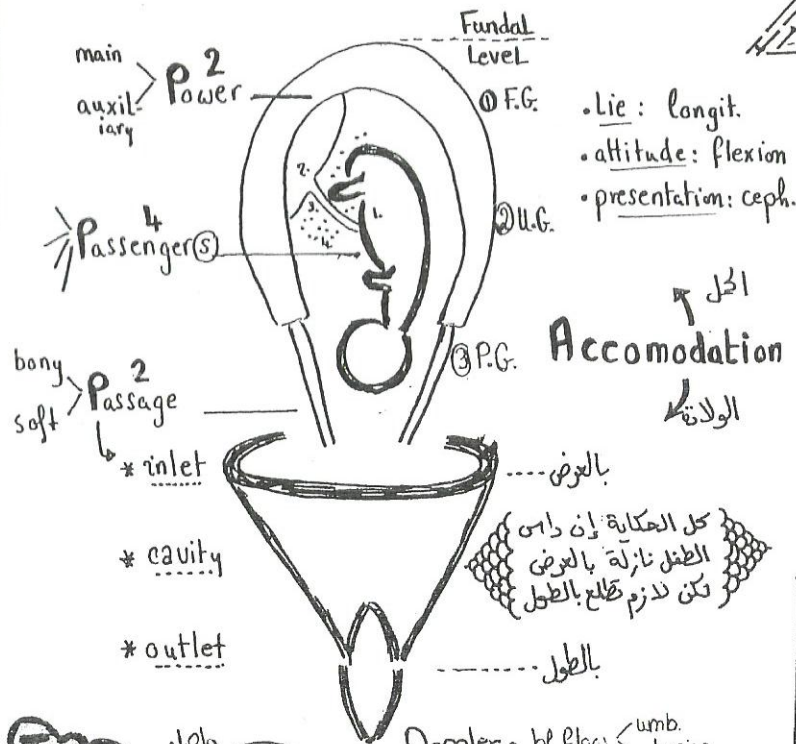


C.S.

USCS

USCSx

General Obst outlines

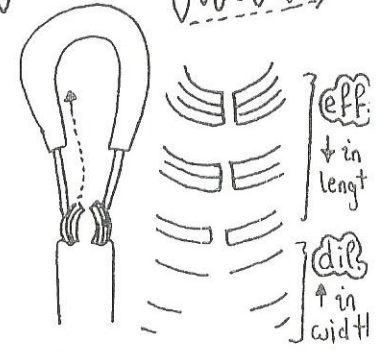


1st stage

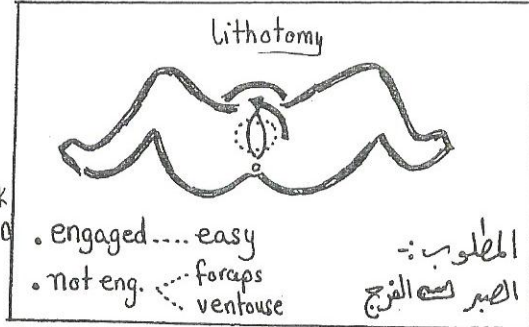
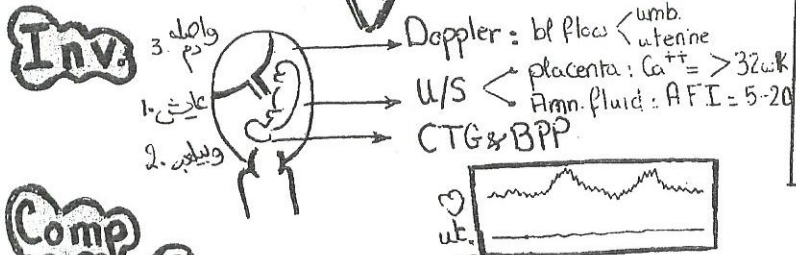
- cx dil. } فترة طويلة
- S.ROM } المطلوب
- M. } المراقبة
- F. } = Partogram
- أحداث الولادة على ورقة شجرة

cont.

retr.



بن لازم الأول يكون لا
soft --- Ripened: PG ✓

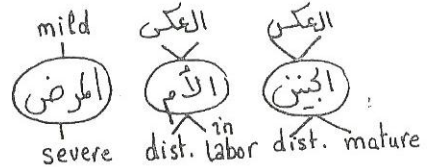


2nd stage

- * descent
- * engagement
- * int. rotation



Conserv.
 البيت / المستن : فين
 أدوية : ريه
 F&B
 + steroids



Comp
1 Preg.

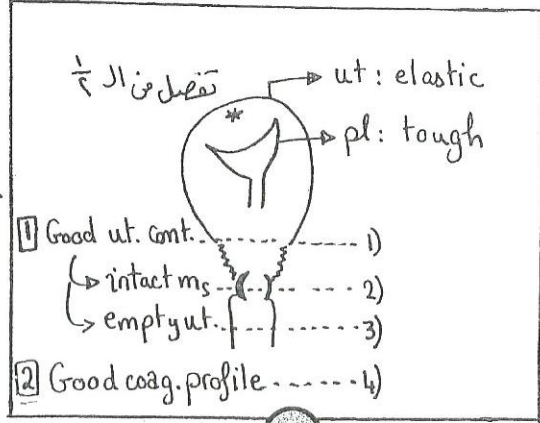
M] P
ال

F] ع حروف
فسورة

2 Labor

- 1st stage < Prolonged PROM
- 2nd stage --- prolonged/abst.
- 3rd stage < PPhge P. sepsis

5 F



3rd stage

Guard against PPhge

Termin

- 1) إفتى
- 2) إجازى
- VaD → AROM... oxyt.
- no CPD { ... } good ut. cont.
- C.S. → LSCS > USCS
- fit for induction
- no f/m distress
- no ass. obst. indic.

Diagnosis1st trim**① Symptoms**

- Amenorrhea (not a sure sign)
- Morning sickness
- Frequency of mict.
- Breast symptoms
- Appetite changes
- Mood changes

② Signs

- Breast signs
 - Genital signs
 - Jaque-Mier
 - Chadwick
 - Goodell
 - uterus
- Palmer contract. 6-12 wks
Hegar sign

③ Investigations

- Preg. test
 - Latex 500 (مادة بيضاء)
 - Elisa 50 (مادة بيضاء)
 - RIA 5 (مادة بيضاء)
- U/S
 - TU → 5
 - TA → 7
 - Sonicaid → 10

Endocrine glands**1] Pituitary**

- ↑ size (esp. ant.)
- ↑ prolactin ↓ FSH LH

2] Thyroid

- longing (picka) 1
- ↑ salivation 1
- morning sickness

3] Parathyroid

- ↑ parathormone to ↑ Ca++ abs.

Breast

- 1st weeks → tender, tingling
- 2nd m. → areola pigment. Montgomery tubercles
- 3rd m. → Colostrum
- late months → 2nd areola

4] Supra-renal

- ↑ free & bound Corticosteroids

50% GFR ↑ ← RBF ↑

- ↑ clearance creat. urea, BUN glucose a.a., H₂O sol. vit.
- ↓ renal threshold

Kidney

(↑ size 1-1.5cm)

Ureter- dilated 1-2 cm
- pyeloneph. 1**Bladder**

- Displaced up
- Frequency of mict.
- SUI ?!

GIT

elevated Mood - depression

CNS

Sleep over in somnia

Skin**1] chloasma gravidarum**

- E. may have MSH like activity
- Chronic MSH
- ↑ placental & adrenal steroids

Resp.

- dyspnea → Pressure effect
- ↑ min. O₂ uptake
- ↑ min. resp. volume
- ↑ tidal volume

Heart

- ↑ C.O.P. 30-50% (SV × HR)
- displaced 4th 5th

blood

- Sounds → split of S₂ soft syst

Pressure ↓ in 2nd trimester

Volume ↑ 40-50% (30-34 wks)

RBCs ↑ 18-30% (phys. anemia)

WBC ↑ slightly

Coag. ↑

ESR ↑

2] striae gravidarum**3] linea nigra****4] Divarication of recti****5] constipation & piles****Goodell****Chadwick****Jaque Meir****Weight****Shape****Parts****Cont.****Weight****Shape****Parts****Cont.****Weight****Shape****Parts****Cont.****Diagnosis**2nd trim**① Symptoms**

- Amenorrhea
- ↑ Br. symptoms
- Quekening PG: 18-20 PK: 16-18
- Progressive abd. enlargement

② Signs

- Breast
- Genital
 - Braxton Hicks
 - uterine souffle
 - Fetal
 - Ballotement
 - internal 16-28
 - external > 24

Palpation**inspection****or palpation****of movement****Auscultation****of FHS or****umbilical****sofle****(funic****scuffle)****③ Inv.**

- Body weight :- 9-12.5Kg
- Proteins :- +ve N₂ balance (1kg protein)
- CHO :- diabetogenic
- lipid :- increased lipids cholestrol
- vitamins :- ↑ fat sol. ↓ H₂O sol. vit.
- minerals :- ↓ serum iron → الحاجة الحديدية

- caloric intake 2200 ± 300
- Rest 8 مائة 2 قهوة → ↓ A-C compression
- Exercise * Clothing: loose → loadosis
- Travel → long flights < 2 شرب } DVT
- Bathing → tub bath 10-12 wks

Abortion

Def.

TOP < period of fetal viability
20wk
28wk

%

15-20%

Etiology

1. M
2. L
3. F.

Pathog.

C/P.

1) Sympt.

G.
A.
L.

2) Signs

G.
A.
L.

Inv.

A
B
C
D
E

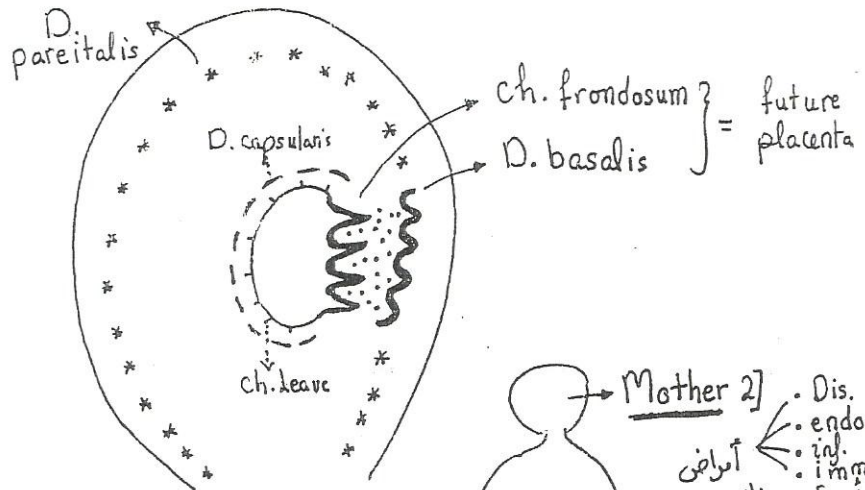
Comp.

Hge
inf.
injury

ttt

1) Conserv.

2) termination



تثبيت

الامتصاص

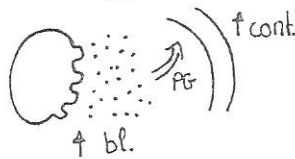
فيلان جزئي

المصير of

= Threatened abortion

inevitable

السبب قوي
العلاج مثل نافع
المضاد يزيد



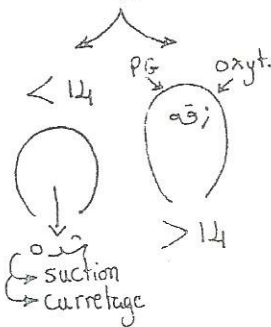
Complete
كله نزل

incomplete
جزء فضل

cervical
انزعت في cervix

missed

البقي حيا
ولكنه فضل
جودة

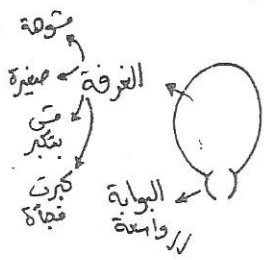


septic

any ttt of abscess is :-

1. Abc
2. evacuation

بس علشان الموضوع
خطير وله Comp كثير
لازم الأول :
elevation of g. condition
in ICU مهة

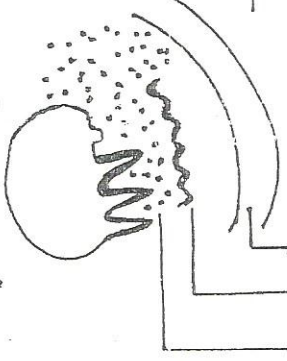
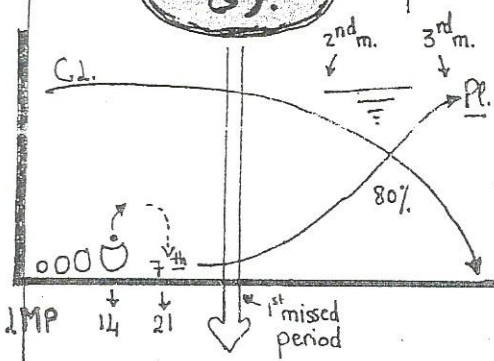


3] local

Mother 2] Dis. endoc. inf. immun. أمراض باطنية... +5 أدوية... +6 مشرب...

Fetus 1] متوترة

1] Amenorrhea 2] Bleeding 3] Pain



Chorio-decidual hgc PG → ut. cont. (1st trimester)
ROM → PG → ut. cont. (2nd trimester)

β₂ agonists x
Progest. ?!
anti-PG ✓✓

أدوية 3

العلاج
يفعل في
70-80%
Cont. preg. safely ✓✓✓

3 آفزين
rest
حيه
anti-D

etiology

endocrine

- CLT ✓
- PCO ✓
- DM, Hyr.

Immune

- Auto < SLE
- APS ✓✓
- Auto < Rh
- HLA

thrombophilia

Infection

- Fibroid
- Cong. anom.
- Aschermann
- Fixed RVF

Systemic

2.

local

1.

fetal

3.

- Cong
- ↑ ms fibres
- ass. e ut.
- DES

acquired

obst. gyna

- Foraps . D&C
- vent . Ampul.
- Br. ext . Coniz.

4-10%

mainly structural

Assesment

History

* Personal

* C/O > 3 successive

* HPP

- Abortion s/l
- Comp. 599

* Menst

↓
↑
PM spotting

* Obst

- time
- order
- abortus
- special coc

* Past

- medical
- surgical

* Family

Exam

General

- med. dis.
- Progest. 21
- LH/FSH
- PPS
- T_{3,4} TSH
- ANA, C_{3,4}
- ✓ ALA, ACA
- Rh

Local

- ut (fibroid)
- cx (tear) PIOs
- preg: u/s better TV
- non-preg HSG Hysteroscopy

Fetal

- Post-mortam
- Karyotyping

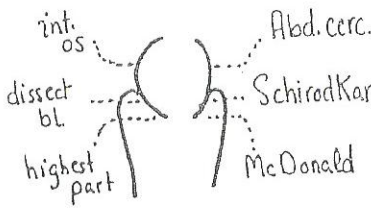
ttt

General

- Reassurance
- more rest
- vit., Fe
- stop smoke, alcohol

Specific

* PIOs



* APS

- Baby aspirin 75mg
- ⊕ heparin 5000 u/12 or LMWH 30-40 mg

Idiopathic

50%

imperical

- Progest
- folic acid
- Aspirin ± heparin

Cerclage

indication

- PIOs
- Septum, bicorn
- triplet

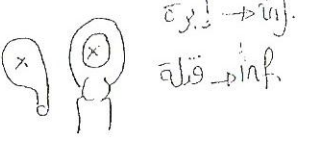
Timing

12-13 < 11-13 > possible ROM

Post-op.

- Antibiotics
- Progest, prolenid
- ↓ I.C.

Comp.



Removal

- 2-3 wks < EDD
- Permanent = Abd. cerc.

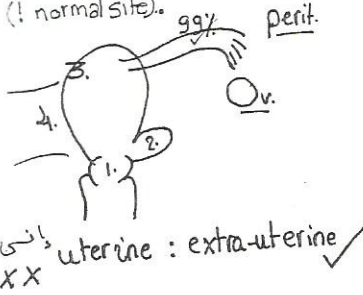
Ectopic

1-3% (increased nowadays)

inf. :
 أخطر مكان :
 أخطر مكان :
 أخطر مكان :
 أخطر مكان :

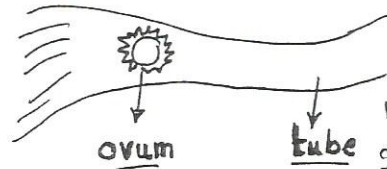
Def. implantation any where outside ! endomet. cavity (! normal site).

Sites



Etiology

تلفع وقت '7d'

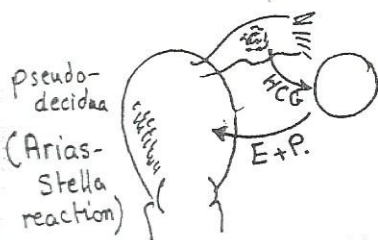


- early disappearance of zona pellucida
- early development of ch. frondosa

1. Cong. Δ
2. Trauma
- ③ Infl. (chlamydia)
4. tumor (stretching tube)
5. Others
 - endometriosis
 - prog. contrac.
 - IUCD

Fate

① Undisturbed 2%



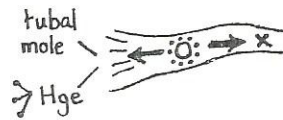
- Rare > 12 wk
- thin tube
 - poor decidua
 - poor bl. supply

C/P

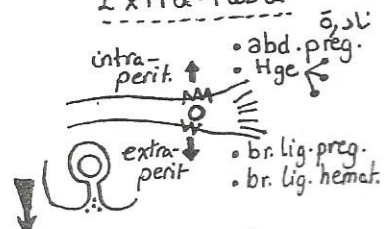
- slight tender swelling
- no shock
- Diagnosed by suspicion

② Disturbed usually at 6-7 wk

Intra-tubal



Extra-tubal



acute abd. shock

Subacute

Chronic

- Acute IPHge
- Subacute peritub. hemat.
- Chronic pelvic hemat. in D. pouch

1. Amen.
2. Pain → acute
3. Bleeding

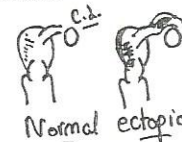
no need : clinical diagnosis

- 1] G. shock (variable degree)
- 2] Abd. (Cullen's, shifting dullness)
- 3] PV ... Jumping sign

Inv.

Combination if HCG is > 2000 & US is empty ∴ → ectopic (discrimination zone)

- 1] TVUS
 - may see fetal echo at adnexae
 - may be still small
 - may be misleading
- 2] β -HCG
 - doubling : intrauterine
 - subnormal rise < 66% : ectopic
 - may be aborting ?!



If no one is conclusive → follow up serially laparoscopy

- * Laparoscopy (or laparotomy)
- * Conservative medical

PGF_{2α}



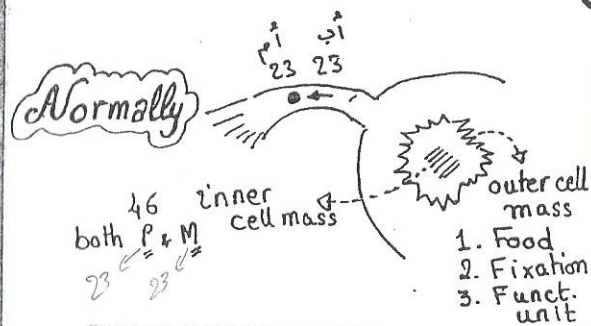
- if
- Sac < 3cm
 - β -HCG < 3000
 - Hemodynamically stable

1. → methotrexate 50 mg/m² I.V.

Laparotomy

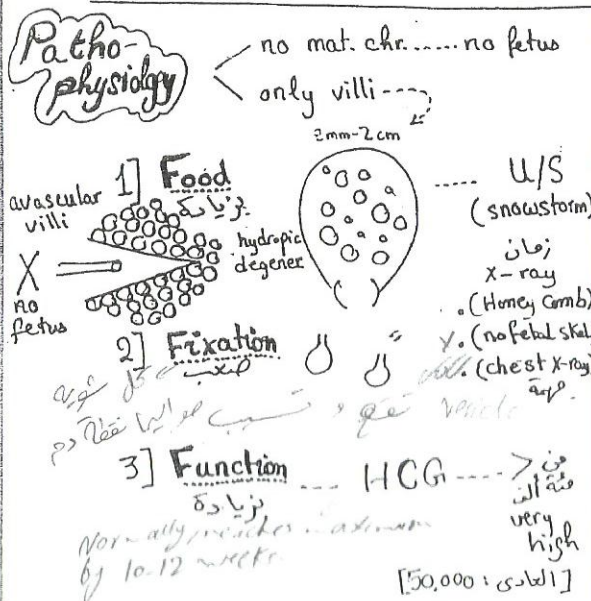
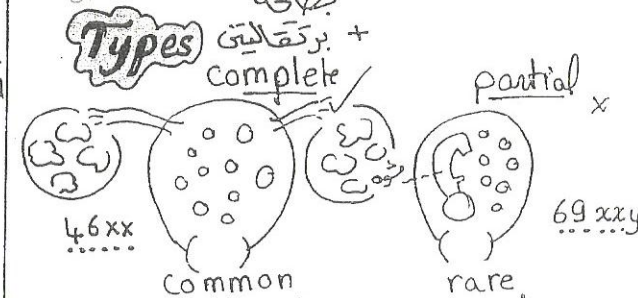
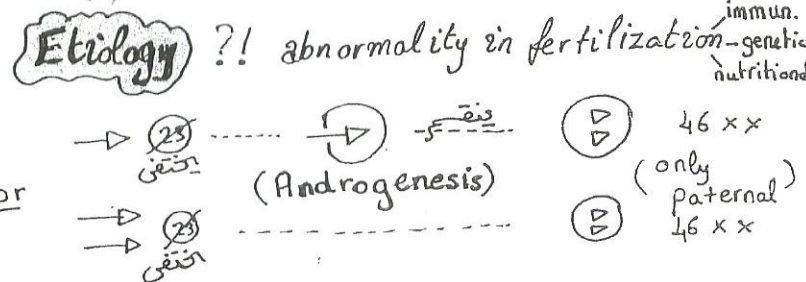
- tube
 - 1) Salpingectomy
 - 2) Salpingotomy
 - ovary
 - Conserve → Hormone production
- if low parity mild cases one tube is present

no milking fimbriectomy



Vesicular mole 1/1000 < previous VPL extremes age
منزج بركة ألبيا

Benign tumor of trophoblast < trophoblastic prolif. hydropic deg. of ch. villi
+ No formation of inner cell mass



Symptoms

Signs

1. Amenorrhea + excessive abd. enlargement

Fund level ↑
no fetal parts
FHS

2. Bleeding (± vesicles)

passage of vesicles is diagnostic

3. Pain

- Dull aching (stretch)
- colicky (expulsion)
- sharp (perforation)
* acute abd if torsion rupture

Bilat. theca. lutein cysts + general comp.

Complications

5-10%
rare

General

Local

Due to ↑ HCG

Hge & inf.

1- PIH < 20wk
2- H.G.
3- thyrotoxic.

Recurrence 1-2%
Perforation

Due to ↑ ILPr

1- invasive mole (choio-adenoma destruens)
2- metastasing mole (pulmonary embolism)

11

1] Young

Suction evacuation

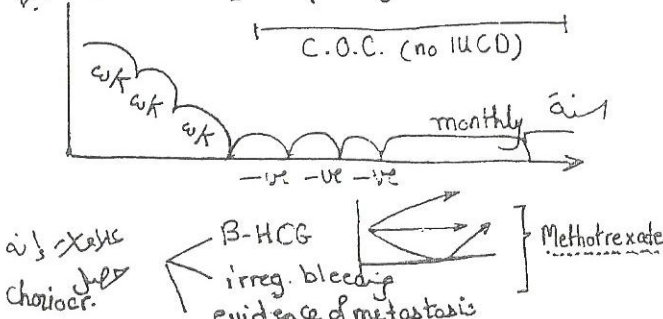
followed by curettage (to ensure complete removal)
ecbolics (to ↓ hge)

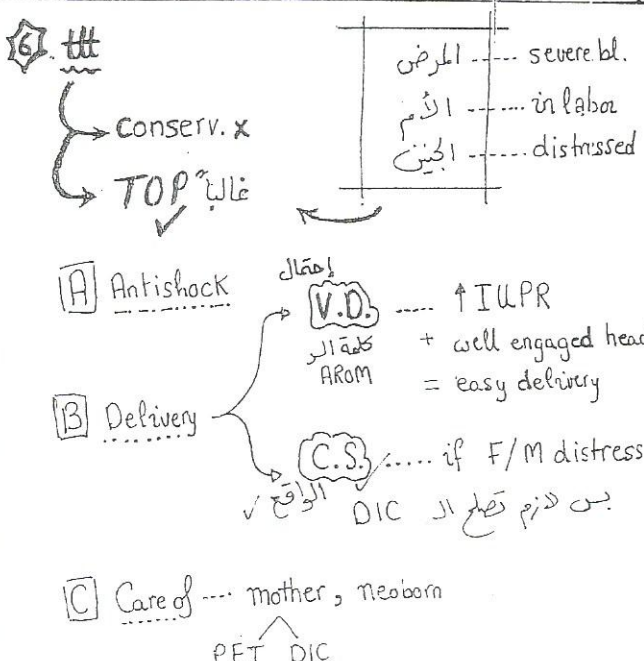
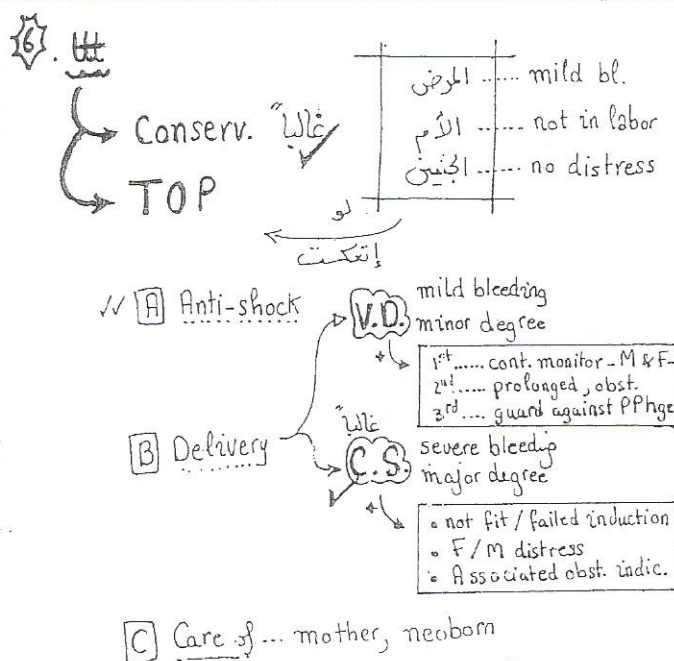
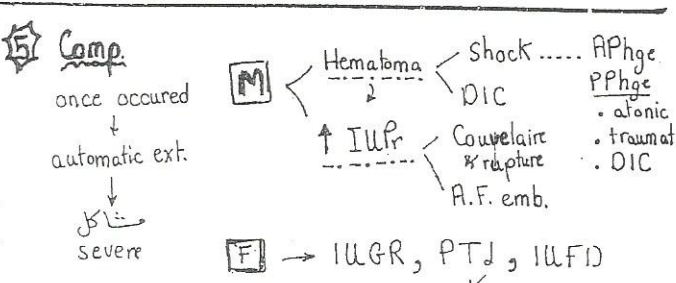
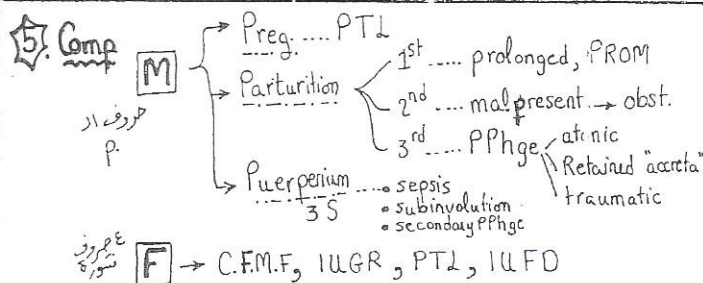
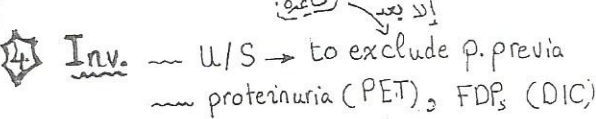
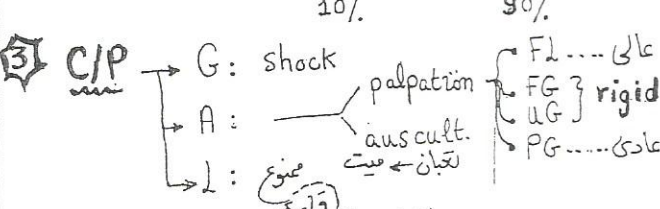
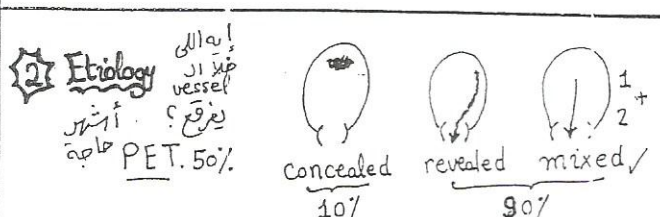
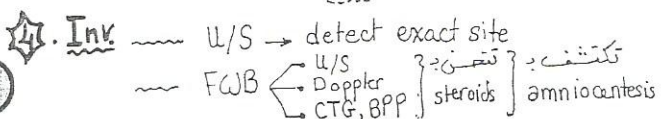
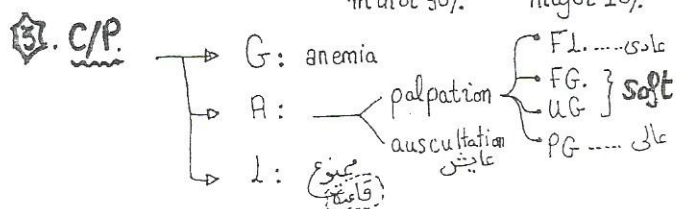
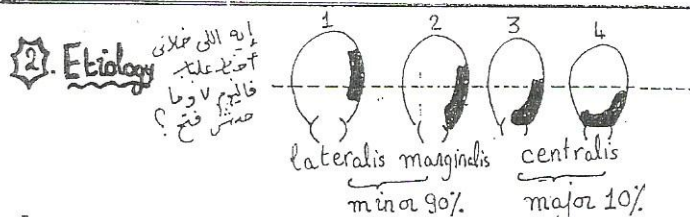
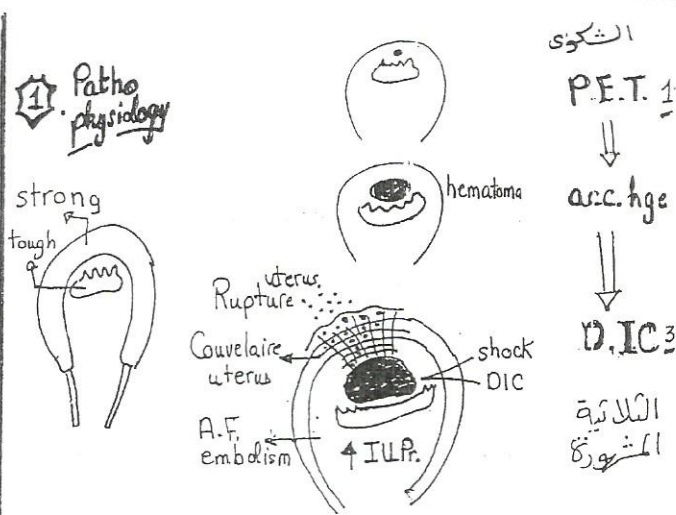
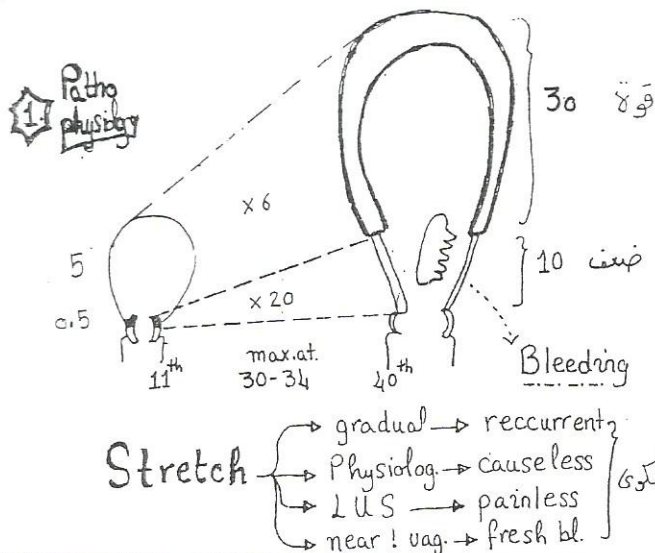
No... hysterotomy
weak scar
disseminate vesicles

2] Old > 40

- Hysterectomy in toto
- As risk of choriocr ↑ to 35%
- Theca lutein cysts are not removed surgically --- they will disappear spont. after 2-3 months (why?)

3] Follow up by B-HCG





Obstetrics - Dr. Mohamed El-Matrouk



Bleeding stops
(by:-)

- 1) Contraction
 - intact ms
 - complete sep. of placenta
- 2) Coagulation

Types:-

1st (within 24 hrs)

- Atonic ✓
 - traum. (extrapl.)
 - Retained (3rd st. hge)
 - DIC (coag. failure)
 - acute inversion x
- 2nd (> day ... perip)
- ! commonest
 - ! most serious

- 3S
 - Sepsis subinv.
 - subinv. polyp
- others
 - Local
 - general

Bleeding is known by

- * shock
- * > 500 cc
- * \downarrow Hct > 10%

1st PPhge

if placenta not delivered $\frac{1}{2}$ hr.

1 **Retained pl.**
(3rd stage hge)

if placenta is delivered

True PPhge esp.

2 **Atonic** (90%)

if not atonic

EUA
(fundo-perineal)

3 **Traumatic**

- Rupture ut.
- cx tears
- perineal tears
- vaginal tears
- genital hematomas
- Broad vaginal ligam.

4 **acute inversion**

5 **DIC**

is diagnosed by suspicion

History of etiology.

Phys.

failure of

1. separation ... Ret. adherent

Simple (atony)
morbid
- nutabuch

2. Descent ... Ret. separated

atonic
rupture
cont. ring
Full bladder

types of

accreta
increta
percreta

complete
partial
not

* [Preg.]

دورتيان

* [Labor]

دورتيان

* [uterus]

دورتيان

- 2 dis. <
- 2 hge <
- overdistended ut. <
- tocolytics فترة طرية

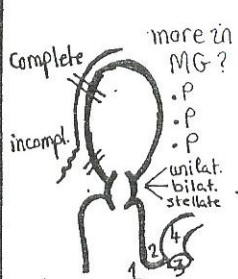
- 1st
 - prolonged
 - over
 - excessive
 - full < R
- 2nd
 - chorioamn.

- fibroid
- cong. malf.
- G.M.P.

Types

etiology

comp. shock



- Preg.
 - spont. ... Scar
 - trauma ... ECV
- Labor
 - spont. ... obst.
 - trauma ... forceps
- Power
 - كبيرة
- Passenger
 - كبير
- Passage
 - ضيق
- cx dystocia

- if hyst. ... infertile
- if repair ... rupture
- injury ... ureter
- cx. dist.
 - Hge
 - inf. & fibrosis
- PLO
- infert.

- 1) skin
- 2) ms
- 3) sphinder
- 4) rectum

- overstretch
- rapid stretch
- rigid / soft
- iatrogenic

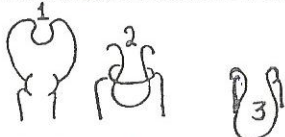
- Hge & rig. ... 1
- Protopse ... 2
- incont. ... 3
- fistula ... 4

Spont.

Iatrogenic

p.p.t. labor + short cord

- Credé's method
- manual separation
- cord traction



- shock < hypovolemic neurogenic ✓
- PPhge may be min. if:
 - Placenta attached
 - Kinked vs.

- Paradox of bleeding < thrombosis
- Bed side test (Weiner)
- coagulation profile

إحتونا
anti-shock

تت

good anticipation
proper mang. of labor

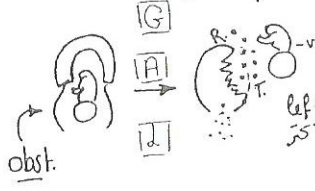
1. Active mang. of 3rd stage [Brandt]
2. Manual separation under aneth.
 - const. ring
 - rupture ut.
 - simple adherence
3. Supra-vag. hyst \Rightarrow morbid. adh.

- massage + eccholics
- EUA
 - exclude ...
 - evacuate ...
- Bimanual comp.
- Laparotomy
 - conerv. ut. & I-I-A lig
 - supravag. hyst.

Scar

(silent)

- \rightarrow impending: mild
- \rightarrow Frank rupture



- cx. tears:
 - 4 ring forceps
 - Sim's retractor
 - Auvard self retaining retract.

Rupture: SVH

prophylaxis

- \rightarrow Scar
- \rightarrow obst.
- \rightarrow forceps
- \rightarrow G.M.P.

... Perineal: Past. op

- * interrupted sutures
- * vicryl > chromic
- * from above down
- * Avoid rectal trauma (inverted Lambert)

- G.E.A \rightarrow repositioning
- Then manual sep. of placenta
- followed by
 - packing
 - eccholics

- 1st of ! cause \Rightarrow T.C.P. < V.D. ... safer
- Replacement therapy:
 - fresh blood, FFP, fibrinogen.
- No heparin lab?
- antifibrinolytics

Types Of HTN

1. P. Ass. H.
 قبل وبعد الحمل
 1st or 2nd
2. P.I.H.
 5-10%
 في الحمل
 20 weeks } failure of 2nd wave of inv.
3. P. Agg. H.
 = super-imposed PET

Def. Of P.E.T.

- | | |
|---------------------------------|--|
| PET | أسف غلا |
| E Ph gestosis | edema
HTN
Pturia
= gestational (Mirror &) |
| PIH
(in 2 nd 1/2) | يمكن في 1 st 1/2 |
| usually in a PG | يمكن في MG |

Etiology

Theories

- new loss of control
1. PG
 ↓ PGE₂, nitric
 ↑ PGF_{2α} fibronectin
 2. Renin-Ang. sensitivity
- imm. Ag-Ab reaction (genetic predisposed)
 علان كره
 غالب PG

PDF

- | | | |
|------------------|---------|-----------------------|
| large Ag. amount | Pt ccc | dis. affecting vessel |
| Twin | PG | O.M. |
| H. Fet. | abese | SLE |
| Polyhyd. | + or FH | Kid. |
| V. mole | <20 >35 | |
| APS | | |

Old Theories

- * ANF... a result
- * ut. dist. pr. on renal vessels
- * الأكل
- * البر

Comp.

1 Maternal

edamsia... hge... edema
 detachment... hge... edema

H. failure ± P. edema

salt & H₂O ret.
 Hemoconcent.

HELLP

Jaundice... necrosis
 subcapsular... hge

failure... apoplexy

prolif. of cells... ↓ GFR
 acute tubular nec. ✓
 acute cortical nec. x

Pathology

C/P

1 Sympt

headache
 blurring
 N&V } neurolog. sympt.

sympt of comp.

- Ht failure
 - Pulm. edema

epigastric pain
 (stretch of Glisson caps.)

Oliguria <400
 anuria <100

2 Signs

Pturia (non-selective)

loss of -ve repulsion
 sig. → if >300 mg/l

edema
 Htn
 ↓ ptn.
 cap. damage

occult
 manifest
 dry x
 أموات

H+V
 >140/90
 >30/15

Inv.

fundus

CBC
 coag. profile } HELLP

liver funct.

Kid. funct.
 (1st → ↑ uric acid)

FWB

- CTG
 - BPP

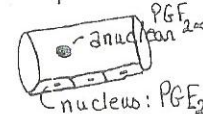
Screening

(early detection)

- Doppler ✓
- Roll over
- Cold immersion
- ↑
 Fibronectin (plasma)
- ↓
 Ca⁺⁺ (urine)

Prophylaxis

- ANC esp. for those (pdf)
- Aspirin 75mg



mild

- mature: TOP
- immature: conserv. ± steroids

Severe

1. sympt. Htn
 2. signs pturia
 clinical
 biochem.
 3. comp
- or
 fulminating + hyperreflexia
 or
 eclampsia + fits

- ↓
1. TOP
 V.D.
 C.S.
 2. anti-fits
 (MgSO₄)
 3. anti-HTN

Etiology	Pathophys.	C/P	PET Pathology	Comp	Inv.	Types
1 PET: endoth. imbalance \uparrow PGE ₂ \downarrow NO \uparrow endothelin ms Renin ang. \downarrow vasc. perm. haemo stasis F ₂ TXA ₂	خذمة للبي أناغين * بازاي؟ invasion of media of spiral vs * باوق؟ second half * لوه؟ * ده مفا؟ PET > 20 wks d.t. loss of such mech acute chr. atheros. plac. of vs infarcts	Sympt Headache blurring N & v. neurology sympt. sympt. of comp. epig. pain oliguria Signs موجودة قبل الاعراض 1 HTN (A.M.C.) > 140/90 > 30/15 2 Plura → Lat sign > 300 mg/l (+1) قفاي؟ exclude • urine strips • (toxic) • 24 urine • orthostatic 3 Ld edema → متفرقة occult/manifest قفاي؟ exclude • foot-fibra-vulva • abd. (peau d'orange) • puffy lids, papilledema • general • unilat.	 HTN & edema ischemia & infarction	hge, eclampsia edema, detachment fundus H.F., atrophy Pul. edema failure, rupture Addison Renal necrosis tubular, cortical Acc. hge DIC H.E.L.P synd. • IUGR • PTL • IUFD later on recurrence persistence	1 Comp fundus RFTs (uric acid) اود لابة بقل ↑ Hct CBC... Hb% Gag. profile PT PTT fib. 2 Etiology = screening • Doppler • CTG (non-stress) • BPP • U/S 3 Diagnosis albuminuria	Mild Severe * sympt. (pathology) * Signs BPr alb. 160/110 ++ > 5g% * comp. M. F. * inv. M. F. Eclampsia • Premontory 1/2 m. • Tonic 1/2 m. • Clonic 1/2-1 m • Coma...variable على اقل Ankle Intra Pos 70% 20% 10%

1 Pre-conceptional care
 Prophylaxis
 (*) early detection by regular ANC
 (*) Aspadol 75mg for high risk

2 Conservation "Hospital"
 mild PET
 * لين؟
 * ايه الريف؟
 ① early detection of comp.
 daily: العسل والبنفسج والزاد
 weekly: المعامل والفونز و FCB
 ② Control of HTN
 bed rest
 diet
 sedative
 antihypertensive

3 TOP
 1. mild (if mature)
 2. Severe
 3. Eclampsia

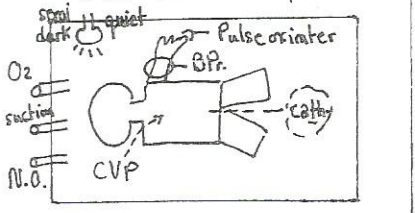
4 Post-partum care
 Action
 • sub-cortical depression
 • diuretic
 • MNJ
 toxicity
 • coma
 • H+Θ
 • Resp.Θ
 • RR
 • uOP
 • Knee reflexes
 • MgSO₄ 4-6gm slowly then 1-2gm/hr

PGF₂α
 irreversible (anuclear)
 reversible inhibition (nuclear)
 → PG-E₂ ↑

α-methyl dopa . doesn't stop! progress
 (250 mg 1x4) . may ↓ fetal flow
 with β-blockers . ! case is mild
 Ca⁺⁺ blockers

induction of labor (AROM ± oxyt.)
 C.S. (only if 1st)
 Done 2-4 later

Antihypert.
 ✓ hydralazine (direct V.D.)
 ✓ labetalol (α, β blocker)
 ✓ Nefedipine } dangerous
 * No diuretics except in H.F.



* لغاية باي؟
 maturity (± steroids)
 severe قلب سي
 comp. لوه

Etiology	Pathophys.	Complications	Diabetes Mellitus Inv.	Classification
[1] GDM 80%	خربة للبيبي أنا عاين * لزاى؟ • anti-insulin hormones • pl. insulinase	On D.M. 1. Potentially diabetogenic 2. worsens established D.M. 3. Hypoglycemia may occur at:- * Preg. * labor * puerp. * renal starvation	[1] Etiology = screening - Not in urine? - 1 hr. gl. [glucola] Booking (high risk) 24-28 (all others) • obese, > 35 yrs • +ve fam. history • previous macr. baby	* Recent clinical * Priscilla White [1] GDM • $A_1 < 105$ (low risk) • $A_2 > 105$ (high risk)
[2] IDDM 10% - type I-juvenile get pregnant	* متى؟ Second half (biphasic gluc. control) * ليه؟ * دة متاعا	On Preg. [1] Mother "p" Preg. ... PET 25% Polyhyd. P. previa Pyelonephritis Part. ... Prolonged, PROM Puerp. ... PPhge, P. sepsis [2] Fetus CFMF, ↑ Abortion CVS, CNS hypoxia sacral agen. hyperglyc IUGR ... macrosomia (20%) (40%) PTLD (yutopar? steroid?) IUFD ... esp. sudden [3] Neonate hypoxia hypoglyc. hypocalc. ↑ RBG, bilirubin, viscosity → Trauma, CFMF, PNMA, sh. dystasia	[2] Diagnosis = confirmatory if 1 hr > 140 ⇒ 3 hr. GTT 105 165 190 "Plasma" 90 165 145 125 "Blood" DM ≥ 2 قودة غلا 1GT ≥ 1 قودة غلا • renal ... +ve at peak in • alimentary ... +ve at 1 hr. urine	[2] IDDM without EOD • B > 20 < 10 • C 10-20 • D < 10 > 20 ^{BDR} (stable, not stable)
[3] Non-IDDM type II-Maturity have got pregnant Acc. to stage • Potential • Latent • chemical • established (overt)	* دة متاعا		[3] Comp • renal ... +ve at peak in • alimentary ... +ve at 1 hr. urine [4] Previous control = CFMF HB A _{1c} fructosamine	[3] IDDM with EOD • F • R • H • T

1 Pre-conceptional Care

- No oral hypoglycemic
- No preg. if comp.
- CFMF
- HB A_{1c} > 12%
- [normal] = 5-8%

2 Conservation "ANC"

2 wks (3 in GDM) till 32 then weekly

1 early detection of comp.
 clinically ... الكو والكل
 investig. ... الروتين والكو

	GDM	IDDM
(US) شكاه	38	18-20 ... serially
(FwB) صفة	34	32 ... يكرر حسب الحالة

2 Control of D.M.
 Diet ± exercise (A₁)
 insulin (الباقى)
 short + intermediate
 0.6 ... 0.7 ... 0.8
 check up
 7 am 2/3 ... 1/3 R
 5 pm 1/2 ... 1/2 R NPH
 4 c Hospit.
 Control calculation complications confinement

3 TOP

not allowed to pass previous unexplained sudden IUFD قبل 1-2 اسبوع

GDM → 40 ك.ك.
 controlled 58 ك.ك.
 not 37 ك.ك. (or as soon as mat. is documented)
 controlled 37 ك.ك.
 comp. F. M. في أى وقت
C.S. → macrosomia > 4 kg
 previous unexp. IUFD
 غير كره ممكن V.D.

4 Post- Conc Care

New born
 expert neonatologist
 عنه ماكل كير

Lactation
 كوية ومفيدة

Contraception
 COC x
 IUCD x

prognosis
 - recurrence 2/3 في الحمل الجاي
 - later on 50% type II D.M.



Heart Disease

Etiology	Pathophysiology	C/P	Comp	Inv.
1 RHD 93% ⇒ MAT esp. MS	- Neck v. - edema - Rt. hypoch. pain - puls. - water hammer p. signs of SVC signs of hyperd. circ. 	Personal history - Age - Address, Occupation - Habit • HPI SVC PVC IEC Rheum. activity cyanosis ischemia arrhythmia • Obst H. previous HF in preg. • Past H. - medical: Rh.F. - surgical: valve repl. - drugs: anti-failure anti-coag.	On heart Deterioration 1 degree up to heart failure esp. at 1. Preg. 2. labor 3. st. On Preg. Congestion • Polyhyd. • PTL • PPhge hypoxia • CFMF • IUGR • IUFD	• X-ray ?? • ECG • Echo • Rh. fever (ASO titr) Classific. functional Capacity (dyspnea) Class I → No Class II → mild mod. Class III → severe Class IV → rest [NYHA]
2 CHD ⇒ more in developed countries	500-700 1st 2nd 3rd 4th PTL 1 IUGR 2 IUFD 3 CFMF 4 الارتفاع الارتفاع			
3 IHD ⇒ rare	الارتفاع الارتفاع			

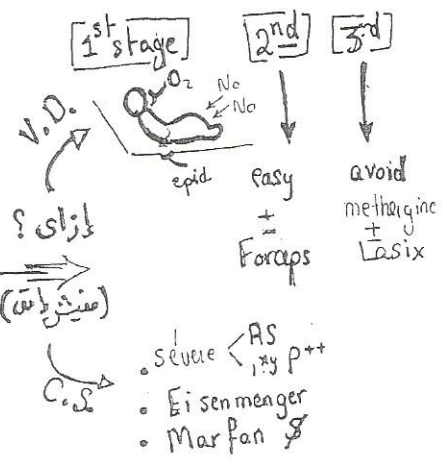
1 Pre-Conceptional control

- * No Preg. if:
 - Class III, IV
 - Eisenmenger
 - Severe AS or P++
 - History of H.F.
 - Rh. activity
 - IEC

2 Conservation "ANC"

- 1-2 wks till 32. then wky
- الارتفاع
- ① early det. of comp. eg chesting.
- ② control of HD → digitalis, pen.
- علائق أحياناً هافير
- 30-34 Hospit.
- TOP (only in 1st trim)

3 TOP

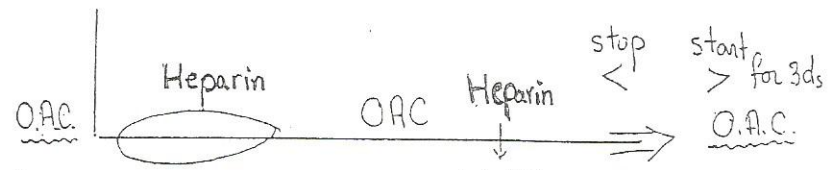


4 Post-partum care

- Neonate
- Lactation
- Contracept
- recurrence

Value replacement

1 Mix.



2 Heparin

3 OAC

- adv... doesn't cross placenta
- disadv... bl. tendency
- short-acting (2-4 hrs)
- thrombocytopenia
- have antidote (protamine sulphate)
- osteoporosis
- reversible by vit K, FFP
- disadv... pass placenta

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History

- * Personal
- age: $\left\{ \begin{array}{l} \text{صغيرة: cyanotic} \\ \text{كبيرة: ischemic} \end{array} \right.$
 - residence \rightarrow damp non-sunny
 - smoking

* C/O: \rightarrow she is well known to have MUR & is referred for control

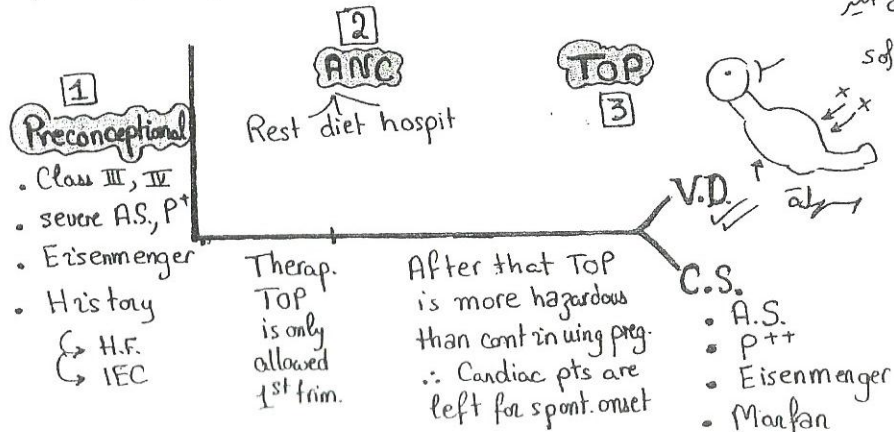
* HPP

المرض	مشاكله	الأمراض
1. المرض E.C.G, echo	1. General	1. [أ] دأزي إكشنتا؟ في عارفة من أعراضه
2. المشاكل G.	2. Local بيلعب... عيل تزيد... مشية كبرت... فيه مغل... رجم	2. [ب] من دأمتي؟ [ج] رايه العلاج [د] أثره؟ [هـ] الجرعة

take care: common sympt. \rightarrow dyspnea, palp. \rightarrow 11 edema

- * Menst. malar flush
- * Obst. PT1, easy vag. delivery
- * Contr. no IUCD?! ... no COC?!
- * Past. medical (Rh. fever), surgery, drugs

management



Heart disease

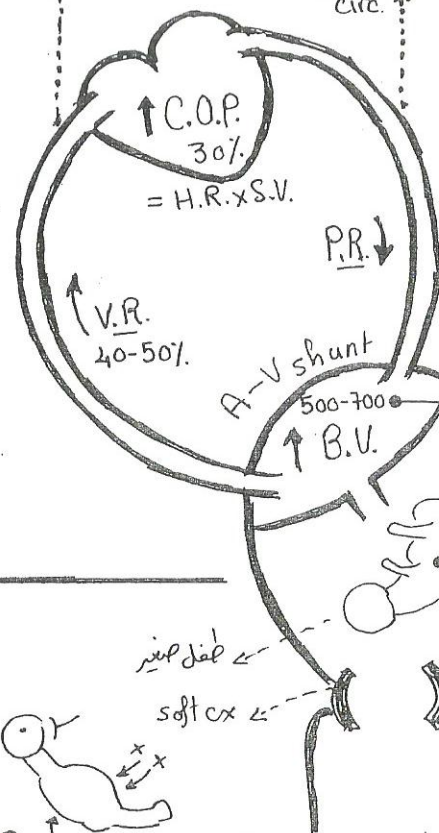
N.I. I, II
V.I. III, IV
A.I.

Rheumatic 93%
Cong. 7%
others



signs of SVC

signs of hyperdyn. circ.



Diagnosis

Name, 32 years, P₁₊₂, 34 wks, cephalic, not in labor, IUGR, RHD, MVR, on heparin, compensated (acc. to NYHA) $\left\{ \begin{array}{l} \text{I, II} \\ \text{III, IV} \end{array} \right.$

Examination

General

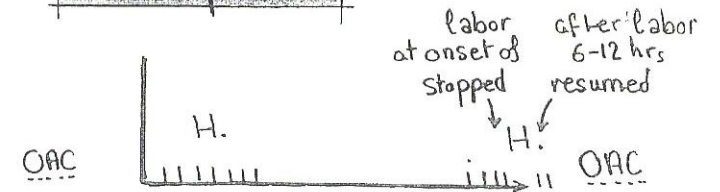
- Pallor, cyanosis
- Don't forget back \rightarrow 11 edema
- Heart

- | peripheral | central |
|-------------------|-----------------------|
| - SVC | - splitting 1st sound |
| 1) N. veins | - 3rd sound |
| 2) enlarged liver | - soft syst. murmur |
| 3) 11 edema | < 2/6 |
| - Hyperd. circ. | |

Abd. IUGR \pm polyhyd.

P.V. \rightarrow مبالش أعني!

Value replacement



Heparin \rightarrow easy control \rightarrow short 1/2 life has antidote

Heparin \rightarrow bleed \rightarrow اليب

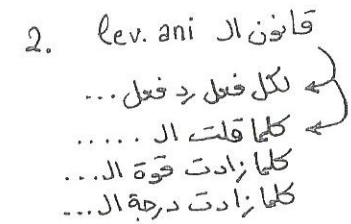
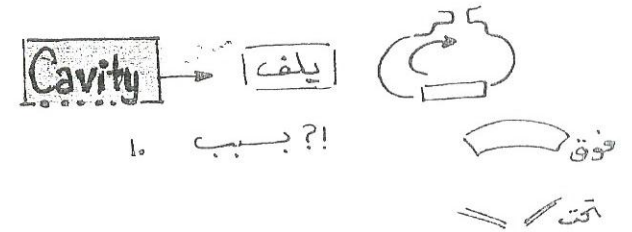
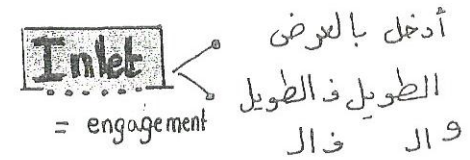
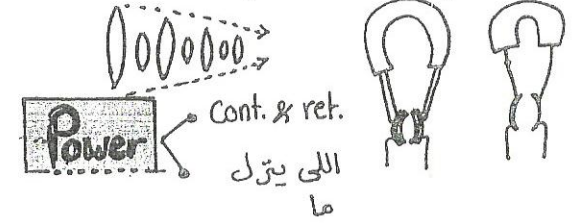
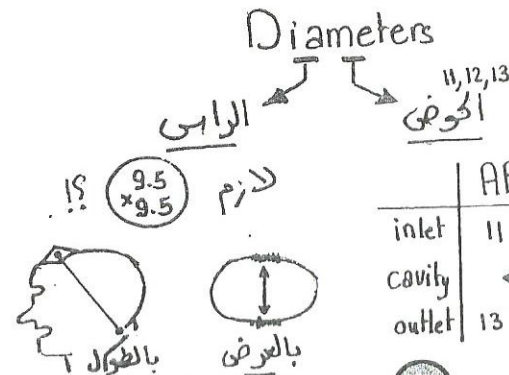
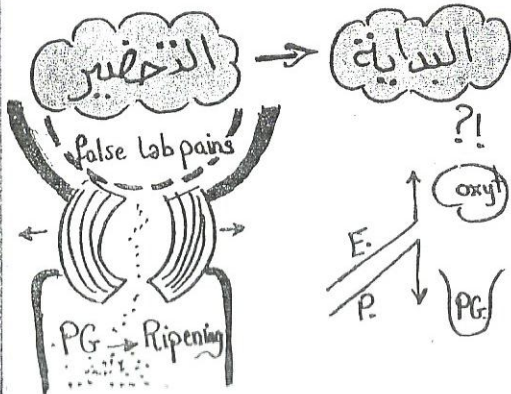
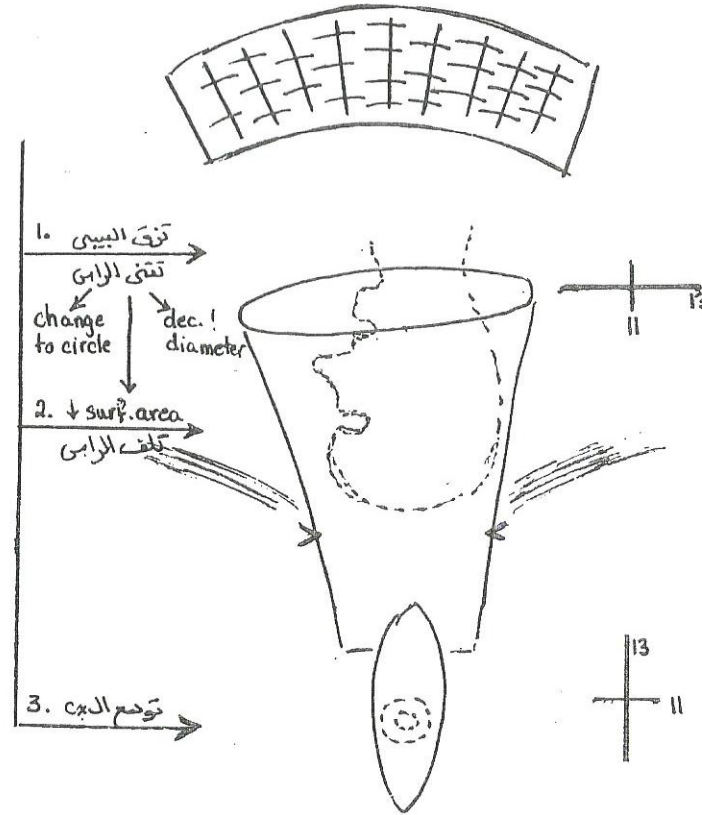
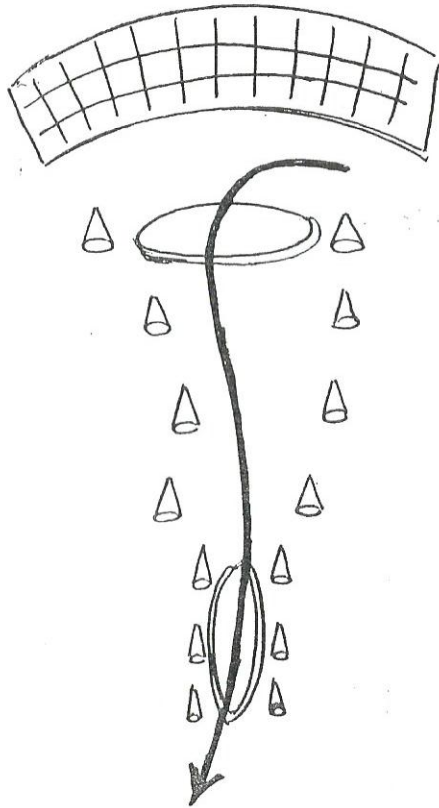
OAC \rightarrow less bleed \rightarrow اليب

OAC \rightarrow passes placenta

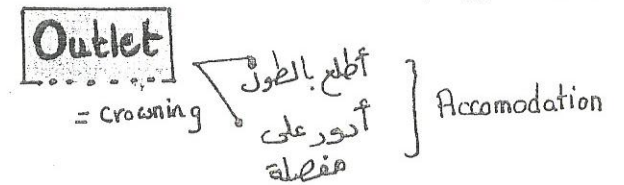
الحكاية

المقاصد

القوانين



- * تخلف خبطة جامدة ←
- * تخلف 1/2 ←
- * ما تخلف شي خالص ←
- * تخلف بالعكس ←



Passenger

التعريفات

Passage

Power

1. Lie

2. Attitude

3. Presentation

generalized flexion
why?!

long 99.5%

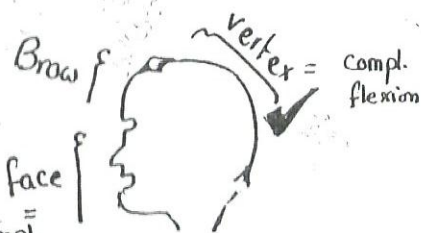
Tr. 0.5%

obl. rare

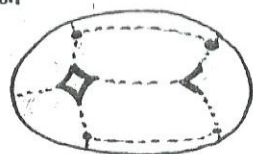
"a matter of accommodation"

correction
to long

Tr. 0.5%

96%
CephalicBreech
3.5%

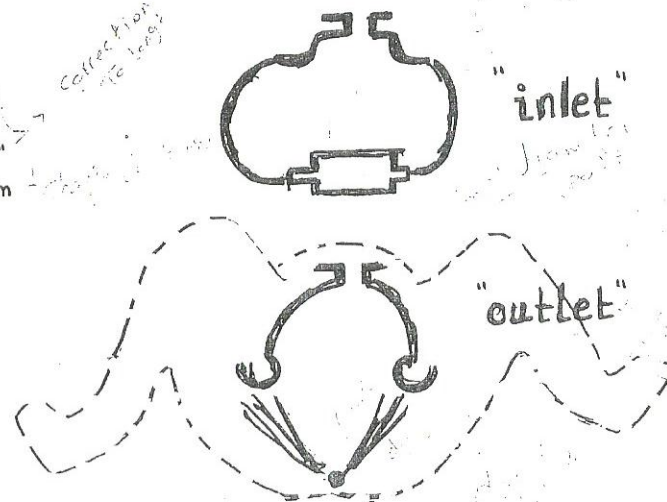
compl. extension



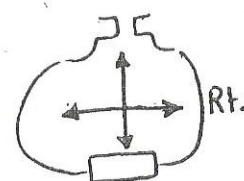
4. Denominator

[بروز [علامة] مبرزة على [presentat] part]

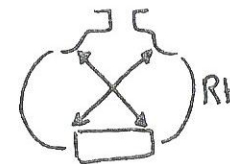
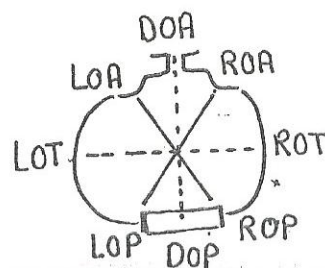
Presentation	Denominator
Vertex	Occiput
Face	Mentum (chin)
Brow	Frontal bone
Breech	Sacrum
Shoulder	Acromion



5. Position

= relationship
bet. denom. & inlet

= 8 positions

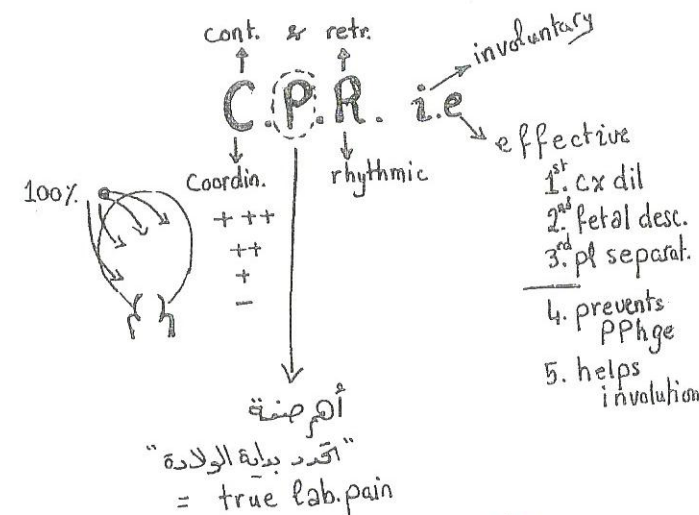
e.g.
Ceph. breech

B Auxillary = bearing down

voluntary مجازيا

involuntary: d.t. pressure of fetus on pelvic floor (lev. ani)

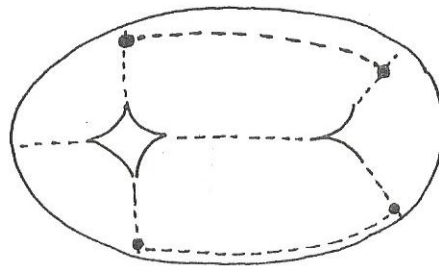
A Main = uterus



prog. ↑ Frequency } 3-5 / 10 m
duration } 40-60 sec.
amplitude } 40-60 mmHg

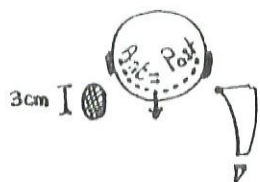
Diameters

Head ← Pelvis



Transverse

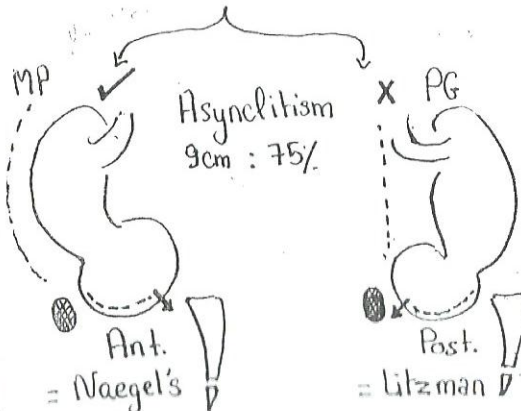
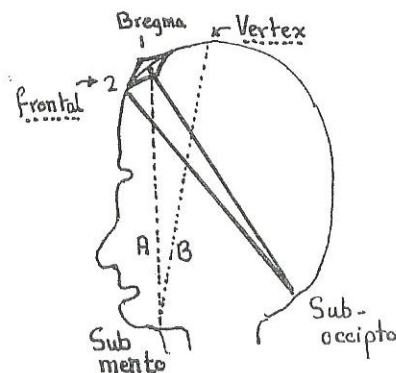
Biparietal 9.5
Bitemporal 8.5
Bimastoid 7.5



9.5cm: Synclism: 25%

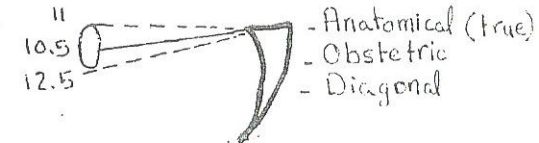
Longitudinal

1.	O.A.	fully flexed	Sub-bregmatic	9.5
2.		not	" " frontal	10
3.		O.P.	" " "	11.5
A.	Face	fully extended	Sub-bregmatic	9.5
B.		not	" " vertical	11.5
C.		Brow	" " "	13.5



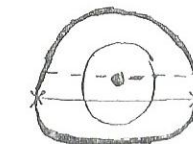
	A.P.	Oblique	Tr.
Inlet	11 (10.5)		13
Cavity		12 (12.5)	
Outlet	13		11 (10.5)

Inlet → A.P. conjugate



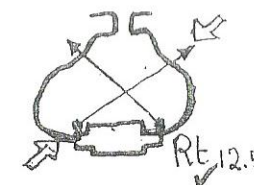
- Anatomical (true)
- Obstetric
- Diagonal

Tr.



12: obstetric
13: anatomical

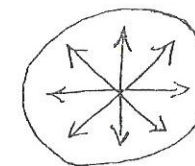
Oblique



[O.P.]
Sacro-cotylod 9.5

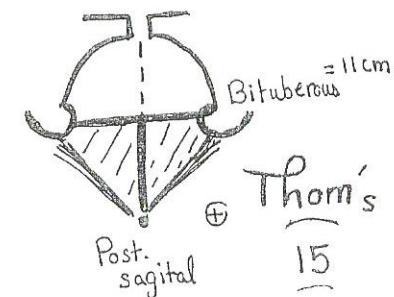
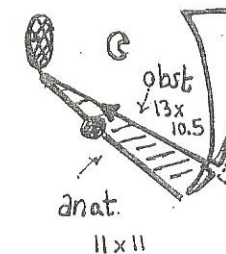
Cavity

12.5 x 12.5



Plane of greatest pelvic dimension

Outlet



Malpresentations..... 7 x 7

1 Definition

- **Lie** ⇨ longitudinal → 99.5 %.....Transverse → 0.5 %
- **Attitude** ⇨ General flexion
- **Presentation** ⇨ Cephalic (96 %)---Breech (3.5 %)---Shoulder (0.5 %)

- **Denominator** ⇨ Relation between the denominator (a certain point on presenting part) to maternal pelvis

▪ Position

There are 8 main positions:

Left ant. '1'	Lt iliopectineal eminence	Right post. '3'	Rt sacroiliac joint
Direct ant.	Symphysis pubis	Direct post.	Sacral promontory
Right ant. '2'	Rt iliopectineal eminence	Left post. '4'	Lt sacroiliac joint
Right lateral	Mid of iliopectineal line	Left lateral	Mid iliopectineal line

Presentation	Denominator
Vertex	Occiput
Face	Mentum (chin)
Brow	Frontal bone
Breech	Sacrum
Shoulder	Acromion



2 Incidence

OA }
why MA }
SA }

3 Etiology

* General

Passage	Passenger	Power
1- Soft tissue obst. e.g. → pelvic tumors	1- Fetus → PT, twins, CFMF	1- Main → CMF of uterus e.g. septate
2- Bony obst. e.g. → contracted pelvis	2- Placenta → P. previa	2- Auxiliary → pendulous abd (GMP)
	3- Cord → short, around neck	
	4- A.F. → Poly or oligo	

* Idiopathic (10-20%)

* Special...

4 Clinical Picture

→ In pregnancy

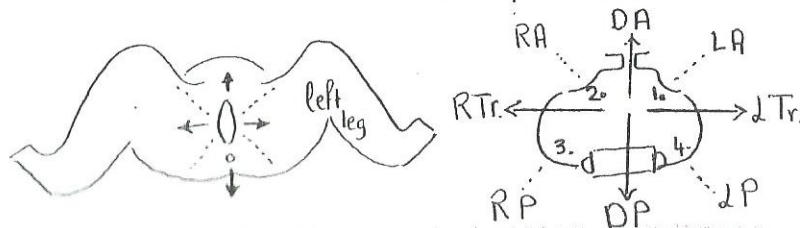
- * **Inspection** - Normally the back is anterior
- Fetal movements are hardly seen on both sides of midline

* Palpation

Fundal level → higher (d.t. to failure of engagement)
Fundal grip →
Umbilical grip → Limbs, back → felt easy or not ?
Pelvic grips →

- * **Auscultation** - (normal = OA → midway between umbilicus & ASIS)

- * **U/S** → confirms diagnosis, detects etiology, excludes CFMF (TOP)



→ In labor (as in pregnancy + PV)

- * **Early** due to imperfect application on cx ⇨ slow dilatation of cx ⇨ large bag of forewater → PROM (cord prolapse ± infection)

- * **Late** ⇨ the exact presenting part, denominator is felt

	Cavity	Bones	Diagnostic ccc
Face	Mouth	Chin + 2 maxilla	Alveolar margin + suckling
Breech	Anus	Coccyx + 2 ischial tuberosities	Meconium + abd. examin.
Shoulder	Axilla	Clavicle + acromion + humerus	Feel the ribs
Brow		Frontal bone, no chin, no posterior fontanelle (by exclusion)	

- Take care from

- Caput.....false impression of low station, masks the denominator
- Meconium...fetal distress (normal in *breech*, *oligamnios*, *postdate*)

5 Mechanism

↳ depends on

Inlet (engagement) ⇨ Power.....improvement

Cavity (rotation) ⇨ Passenger.....rotation } if there is no
Outlet (crowning) ⇨ Passage.....adequate } CPD

6 Management

First stage ⇨ guard against

Inertia	PROM	Sepsis
- Evacuate bladder & rectum	- Avoid excess PV	- Prophyl. antibiotic
- Correct dehydration	- Patient should lie in bed	- Avoid PROM
- Avoid excess sedation	- Avoid strong enema	- Avoid excess PV

↳ Observation is done by the partogram

- * **Analgesia**, **AROM**, ± **oxytocin** augmentation may be needed
- * Indications for CS

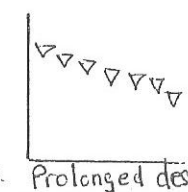
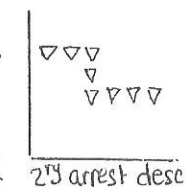
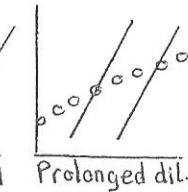
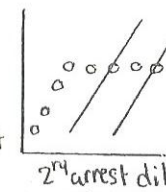
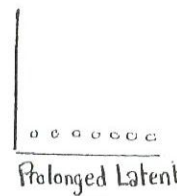
- Fetal distress (over-power or fetal stores are already depleted)
- CPD (known by examination from start or by *partogram*)
 - Prolonged (protracted).....dilatation or descent
 - Secondary arrest of.....dilatation or descent

Second stage ⇨ delivery is allowed for 1-2 hr in PG (1/2-1 hr in MG)

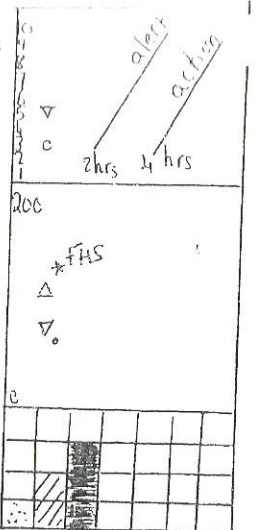
Third stage ⇨ guard against PPHge & care of newborn

7 Complication

MATERNAL			FETAL
1 st stage	2 nd stage	3 rd stage	
1- Prolonged labor → F & M distress	Obstructed labor → instrumental delivery → trauma (rupture uterus)	- PPHge. - P. sepsis	1- Trauma
2- PRCM → cord prolapse + infection			2- Infection
			3- ICHge
			4- Death



القصور
1. Dehydr.
2. Full B
3. ↑ sedation



O.P. (20%)

face (1/300)

Complete

incomplete

Frank Knee Foot

Breech 3.5%

esp. PT = 35%

etiology

Mech

C/P

* Preg

- 1) FI
- 2) FG
- 3) UG
- 4) PG
- FHS
- U/S

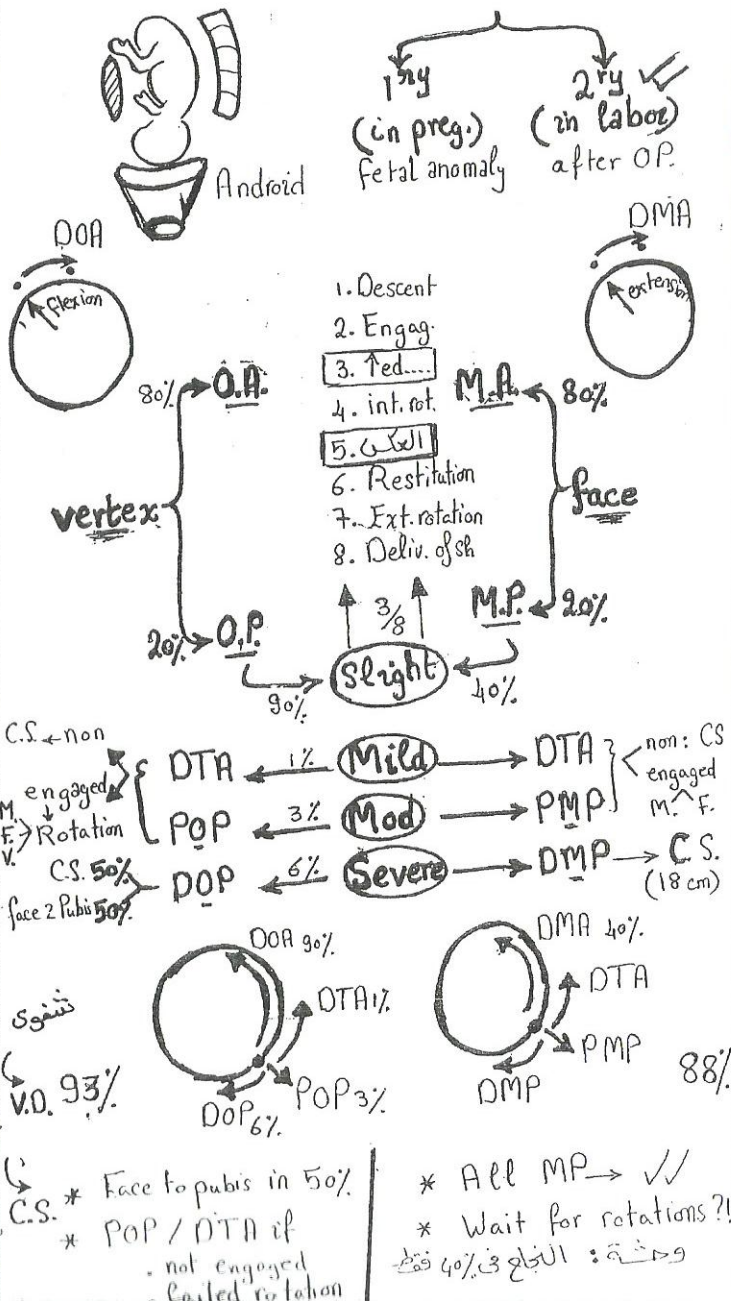
* Labor

- early
- slowly
- 2) PROM
- Late

Mang

1st st.

- Partogr
- Guard against inertia
- PROM
- inf
- 2nd st.



why ! baby is cephalic

- accommodation → failed
- fetal mov. → interference
- amniotic fluid → poly / oligo

Preg.

E.C.V.

ما تبجي

نلفة

أجن

1) ↓ diameter

2) Rotate in direction of limbs

↓

Success

75%

but may recur

labor

Uncomplicated

Complicated

1. Spont

2. Assisted

3. Extraction

Buttocks

✓

✓

* Bring down a leg

* Green Pack

Shoulder

✓

✓

* Bring down an arm

* Lovset maneuver

Head

✓

✓

* Burns-Marshall x

* Mauriceau-Smellie-Viet

القاذ

for exit: diameter

AP

* Forceps (Piper's)

* Kristeller's

الفتق

AP

Hinge

* Bone

* Alive

الفتق

AP

Hinge

* Bone

* Alive



High perinatal

* Mortality

* Morbidity

C.S. ✓ esp

- PG

- A+B=C

V.D.

C.S.

- Parity ----- MG ----- PG
- Previous br. ----- ✓
- Type ----- Comp, Frank ----- foot, Knee
- Age ----- 34-40 ----- Preterm, Postterm
- Weight ----- 2-3.5 ----- <2 >3.5
- Head position ----- flexed ----- extended
- Disp. ----- x ----- ✓

why < 34 wks → C.S.

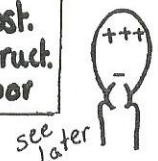
- * Slipping of ! small sized fetus & arrest of ! head in ! incompletely dil. cx
- * Rapid compression-decompression on head → 1 chge (fragile cap.)

Abnormal uterine actions

Hyperfunction

Ex. obst. Precipitate labor

Ex. obst. obstruct. labor



Hypofunction

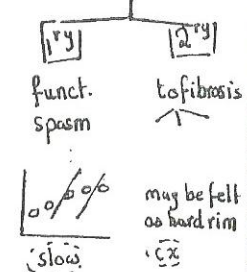
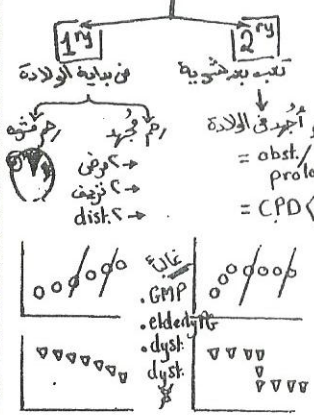
Hypotonic uterine inertia



Cx dystocia

weak ineffective ut. contr. in all its charact.
 freq. amp. duration

failure of ex. dil. in spite of good uterine contr.



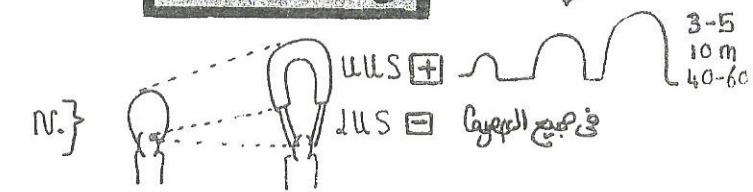
[M.] PPhge atonic retained pl.
 [F.] 5F. dist.?!
 IChge?!

تسلي
 ولو في
 → Prolonged dil.
 → fetal distress
 → C. section.

Proph. → Proper manag. of lab.
 → Proper detection of etiology
 Labor: exclude CPD → Partog.
 1st ... AROM → oxyt.
 2nd ... wait for 1-2 hrs
 3rd ... massage, ecb. ... manual sep. of pl.
 > lab. guard against PPhge

Incoordinate

Cont. ret. involuntary
 C P R i.e. effective
 coord rhythmic



colicky uterus
 abd. pain



tonically cont. ut.
 severe pain + fetal distress



hypertonic UUS
 lower abd. pain + backache



Contraction "constriction" Ring



رجل ضيقة
 Ret. ring
 لا يفر

• improper use of ecdolics
 • repeated / rough manipulations esp. under light aneth.
 • CPD & malpresent.

Prolonged lab.
 ↓
 PROM
 ↓
 slow dil. ex.
 ↓
 Comp. M. F.

1st st. bet. UUS & UUS
 ↓
 Prolonged
 ↓
 sedative (Pethidine) or nit. ox.
 th/en
 Proper man. by ecdolics

2nd st. around fet. neck
 ↓
 obstructed
 ↓
 G.E.A. (or amy! nitrite)
 th/en
 forceps (if failed) → C.S.

3rd st. around ! placenta
 ↓
 retained
 ↓
 Anesth.
 th/en
 manual removal

Def.

Rapid delivery in < 3-4 hrs.

Etiology

Power Strong contr.
 Per Small fetus
 Pqe Roomy pelvis

C/P

Diagnosed by rapid progression in Partogram.

Comp.

[M.] PPhge atonic acute inversion
 [F.] 5F. dist.?!
 IChge?!
 P. sepsis

Manag.

Proph. early admission if +ve history
 Labor 1st ... sedation (nit. oxide)
 2nd ... episiotomy
 > lab. exam. of both M. F.

Types	Etiology [factors affecting bone growth]	Assessment	CP* \rightsquigarrow CPD✓	Management
(*) <u>Normal</u> Gynecoid (50%) Android 'funnel' (20%) Anthropoid (25%) Platypelloid (5%) commonest type is ...	1. <u>Cong.</u> <u>familial, racial</u> • G. cont. pelvis \leftarrow android anthr. platyp. • Naegel's \rightarrow oblique • Robert's \rightarrow cont. outlet • High/Low asym. \rightarrow cont. outlet • Otto/split 2. <u>Acquired</u> \leftarrow nutritional, mechan. hormonal, disease • Kyphosis \rightarrow c. outlet • Scoliosis \rightarrow oblique • Spondylo. \rightarrow c. outlet • Rickets \rightarrow flat • osteom. \rightarrow triradiate • fracture \rightarrow oblique • amput. \rightarrow oblique	لوزن زاد على sacrum II 1. <u>Local</u> 2. <u>General</u> - Appearance <150... Height - Gait - Head - Back 3. <u>Abd.</u> - Pend. abd. - Non-eng. 4. <u>History</u> of	Anatomical [↓ by ≥ 1 cm] 1. Mild (10-9cm) ... 2. Mod. (9-8cm) ... 3. Severe (8-6cm) ... 4. Extreme (<6cm) ... Obst. [↓ to ! extent w/ interfer w/ labor] 1st° 2nd° Pelvimetry 1. <u>Clinical</u> External • Inlet $\left\{ \begin{array}{l} \text{ext. Conj } 20 \\ \text{inter-spines } 25 \\ \text{inter-cristal } 27.5 \end{array} \right.$ • Outlet $\left\{ \begin{array}{l} \text{Bitubercles } 11 \\ \text{Thom's "15"} \end{array} \right.$ Internal ✓ • Subpubic angle ✓ • Ischial spines ✓ • Diagonal conj. 12.5 2. <u>Radiological</u> \leftarrow obsolete xxx lat. view \leftarrow Brim view \leftarrow Pubic arch view Special tests Pinard Muller Kerr's	Def. is changed from CP \rightarrow CPD \rightarrow large babies could be delivered from a larger pelvis Nothing Trial of labor C. section why? \rightarrow Power \rightarrow m.b. effective Per. \rightarrow async., moulding Pge \rightarrow pelvic give power... per... who? \rightarrow PG, healthy, young vertex, OA., normal CTG pge... \rightarrow 1st° CPD, no cont. outlet How? \rightarrow 1st stage (partogram) \leftarrow guard against AROM, oxyt, andy 2nd stage \leftarrow engaged: F., V. non-eng: C.S.
(*) <u>Abnormal</u> contracted inlet oblique cont. mid cavity cont. outlet G. contracted	Comp Labor 1st non-eng. \rightarrow 1st ant. sacc. 2nd obst. \rightarrow 2nd UTI 3rd S3 \rightarrow 3rd Pend. abd.	4. <u>History</u> of	2. <u>Radiological</u> \leftarrow obsolete xxx lat. view \leftarrow Brim view \leftarrow Pubic arch view 1. <u>Generally</u> cont. p. 2. <u>Cont. inlet</u> (flat p.) 3. <u>C. outlet</u> 4. <u>Oblique</u>	Causes Mech. 1. <u>Generally</u> cont. p. \rightarrow - inlet: ↓ engag. - cavity: ↓ rotation - outlet: ↓ exit \rightarrow C.S. 2. <u>Cont. inlet</u> (flat p.) \rightarrow • Simple inlet \rightarrow C.S. • Ricketic inlet \rightarrow asyncl. 3. <u>C. outlet</u> \rightarrow - Andn, Anthr. - Kyph., spnd. - High asym. \rightarrow Thom's rule 4. <u>Oblique</u> \rightarrow • Naegel's • Scoliosis • lower limb \rightarrow in 1 other oblique diam

Antepartum FWB

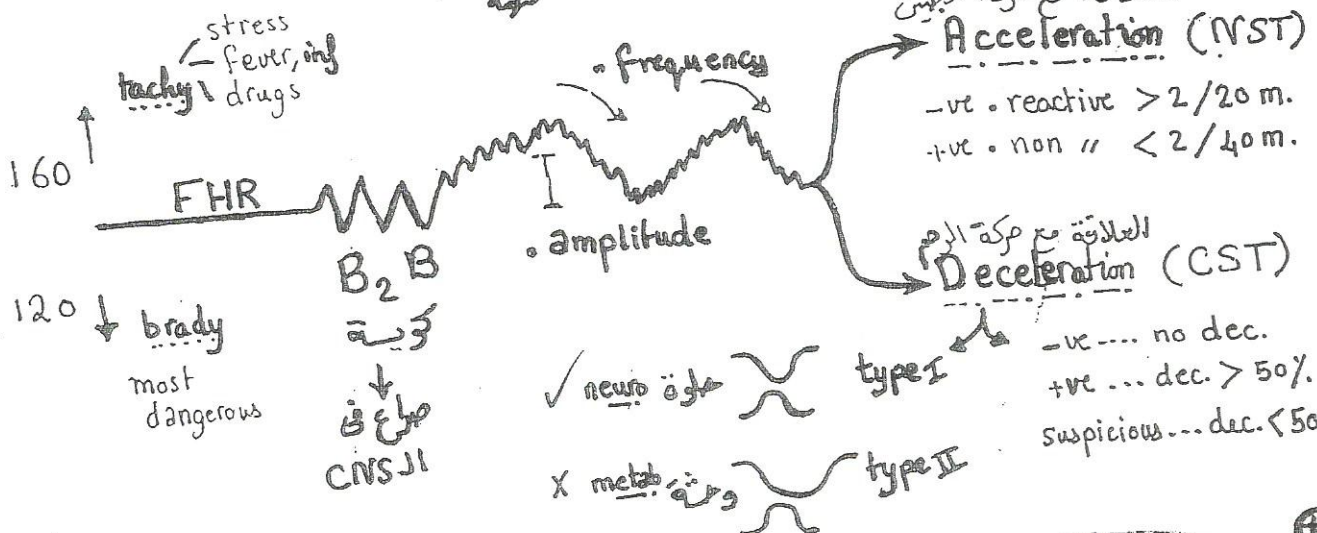
(*) Symptom → Fet Kicks { Cardiff count to 10
Normal > 1 FK/hour (> 32wk)
abnormal → if > 10 hrs or double norm
subjective (not suitable for HRP)

(*) Sign → { Genual: ↑ weight
Abd: progressive ↑ in FL = gravidogram
circumference = abd. girth

✓/ (*) Inv { abd 1.5 Mhz
vag. 7.5-15
صغير لكن أوضح

a. Doppler واصل دم
• earliest detection before pathology e.g. PET, IUGR
• S/D ratio, resistance, pulsatility
• 1st → diastolic ↓ ... stopped ... reversed
finally → systolic stops

c. CTG ويلاحظ
> 32 wks
موجة



8-10 3-5
6-7 1-2
< 6 وحش
(*) CTG (Meyer-Mink)

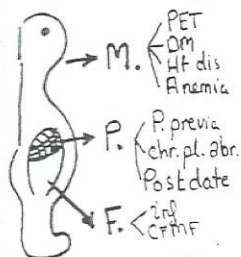
	0	1	2
1. FHR	< 100	100-120	120-160
2. amplitude	< 5	5-15	> 15
3. Freq.	< 2	2-4	> 4
4. acc.	no	1	2/20 m
5. dec.	> 50%	< 50%	no

⊕ → BPP (Maning)

	0	2
1. CTG	< 2	> 2 acc./20 m.
2. f. breath.	less	cont. for 30 sec.
3. f. mov.	less	3 mov./30 m.
4. f. tone	-ve	opening/closing hand
5. AFV	< 1x1	1 pocket 1x1

Antepartum

Etiology



Both causes < M.
→ = Pl. insuff.
↓ O₂ & nut. to fetus

1. Redist. of bl. (Br. sparing)
→ Assym. IUGR
2. ↓ pl. & renal bl. flow
→ Oligohyd.
3. ↓ f. Kicks (to preserve energy)

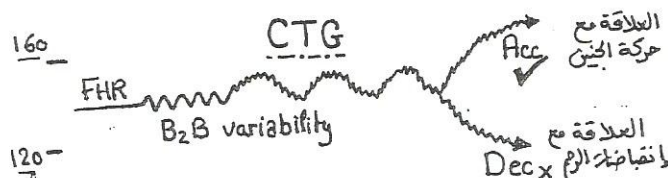
1 FWB

Assessment

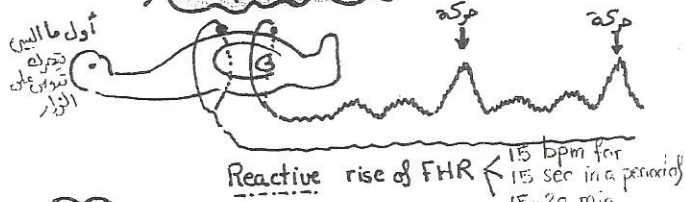
- A] History → of risk factor
↓ daily FMC (الحركة اليومية)
- B] Clinical → G: ↓ weight
L: ↓ abd. girth
- C] Inv. (surveillance):-

Management

- Chronic conserve in (H) & close monitor
- Acute e.g. acc. hge → immediate TOP



1) Non-stress test



2) BPP

- 0 : 2
- 1) NST
 - 2) AFI
 - 3) tone
 - 4) Mov.
 - 5) Breath.
- 8-100:5
6 1/2 1/2: hypoxia
< 6: TOP immed.
- ↑ resist. in umb. a
↓ resist. in Mid cereb. a
means pl. insuff ??
- 3) Colour Doppler
- 4) oxyt. Challenge test
I.V. oxyt → cont.
+ve: deceleration
-ve: no deceleration
- Early Late

2 CFMF

Types

- Cong. Chrom.
- Structural defects Biochem. " Structural Numerical

Etiology

- extrinsic: teratogens, Pollutions
- idiop. // intrinsic: Mat. e.g. DM, fetal e.g. P.pr.

Indications

- 1) Age > 35
- 2) Consanguinity
- 3) Previous history of CFMF
- 4) Exposure to etiology

Technique

- 1 Serum markers
α FP (↓ in Down)
triple test α β 3
- 2 3D U/S ... MRIx
12 wks → NTL (N: 1.5mm)
18-20 → detailed anatomy
- 3 Invasive
Amniocentesis 16 wks
Ch. villus Sampling 8 wks
- 4 Recently
PG-D (pre-impl. genetic diag)
Fetal cells in mat. circ.

Intrapartum

Etiology

- 1 Chr. hypoxia (as antepartum)
- 2 Acute hypoxia
• Placenta → sudden sep: Acc. hge
prolapse, rupture vasa previa
true knots, Cord around neck
- Cord
• Head (prolonged compr) Long ROM
obst. fab, ut. hyper-tonicity

Assessment

- A] clinical → Abn. FHR by Pinard
Mec. stained liquor
- B] electronic (CTG)
- ① Basal tachy c. > 160
② B2B
③ Late dec. (LSD)
④ baseline brady c.
- C] chemical fetal scalp bl. sample
7.25-7.35 (N)
7.2-7.25 mild
< 7.2 severe acid.

Management

- Immediately
- change position to side
stop oxyt.
O₂ mask to mother
I.V. fluids
- Correction of FHR
cont. under very close monitoring
- failed
not fully dil C.S.
ceph. Br. forceps
fully dil Br. extr.

Postpartum

Etiology

- 1 Persistence of antepartum
intrapartum
- 2 PTL ... CFMF
- 3 Neonatal suppression
Cardiac Resp. central periph. obst. (mecon, blood)

Assessment

	0	1	2
Appearance	blue, pale		Pink
Pulse	absent		> 100
Grimace	none		cry
Activity	flaccid		active
Resp.	absent		good

measured at < 1 min.
5 min.

Management

- Prophyl: good antepartum care
intrapartum care
- Active:
- A assist vent. → endot. tube
B reathing < clear air-way
C cardio-pulm. resusc.
D drugs Nalorphane
Na bicarb. (acidosis)
vit K. (hge)
Abca.

Obstetrics - (Dr. Melvin) 935-1100

Comp.

Aspirin
Heparin
Cortic.
FWB
growth
maturity

أدوية
مراقبة

Aspirin \longleftrightarrow Proph. \longleftrightarrow C.S. if macrosomia

Preg. \longleftrightarrow

أدوية... Proper control of DM
مراقبة $\left\{ \begin{array}{l} \text{FWB... CTG, BPP, Doppler} \\ \text{growth... serial U/S} \\ \text{maturity} \end{array} \right.$

سؤال المريض؟
إلى الأمام؟

TOP \longleftrightarrow

إلى متى؟
إلى متى؟
"C.S."

As soon as maturity could be documented

- 1] History.... EDD
- 2] Exam... FL ?!
- 3] Inv.

U/S-

إلى متى؟
إلى متى؟
"C.S."

FHS
liquor color
ctr... CTG
scalp Ph

إلى متى؟
إلى متى؟
"C.S."

V.D.O.
under cont. monitor

PROM.

1-10%

Oligo

0.5%

Polyhydram.

0.5%

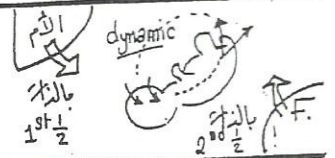
Def.

PROM < active wt. cont.
10% ... 80% زيادة في كمية السائل
PPROM < 37 weeks
1% ... PTL < 37 weeks

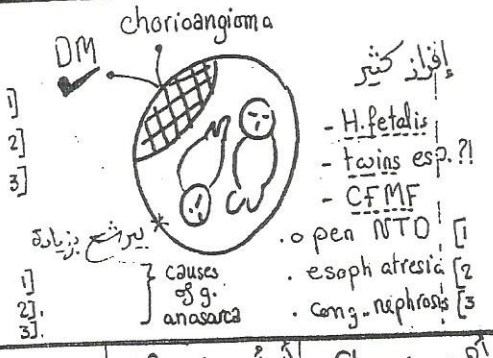
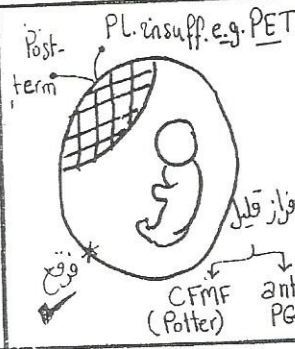
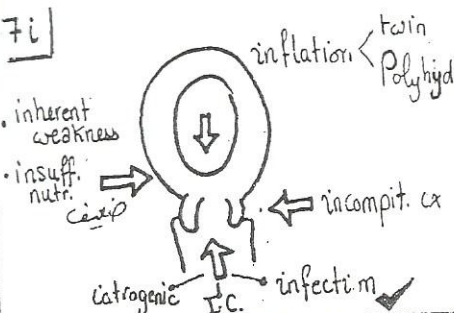
PPROM < PROM
كمية PG بتردد مع الزرع

Clinically ↓ amount
U/S < AF < 0.5 L
< AFI < 5 cm

↑ amount
> 2 L
> 20 cm



etiology



GP

Sudden gush of H₂O vag. fluid
D.D. < urine show inf.
FL < amen.
A. < easily felt
UG < easily heard
FHS < moulded
Never ... except if TOP is done.

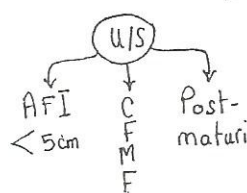
History of PROM ... PET
! same
small bag of fore water

	Acute	Chronic
%	1/2000 4-6 m	1/200 Late > 28 wks
sympt	Rapid progr. Abd pain	gradual Abd discomfort
Signs	G → dyspnea, palp, ↓ edema ± PET A → fetal parts unfelt FHS un heard cx is partially dilated ± bulging memb.	difficult to feel difficult to hear

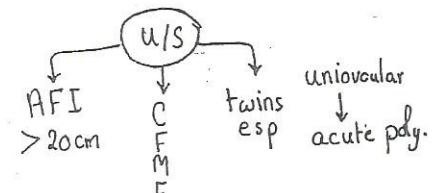
Inv.

A. ... vag. swab: C&S
B. ... FWB < CTG BPP
C. ... ESR, TLC, CRP
D. ... U/S (non-inv.)
E. ... amn. (x. invas.)
History
Sterile culco
Nitrapine
Wile blue
Fer N test
U/S ... ↓ liquor
Amnioc. ...

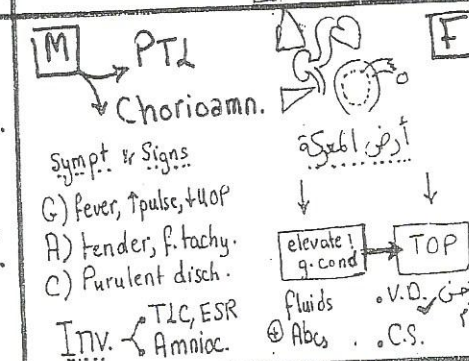
Exclude ROM



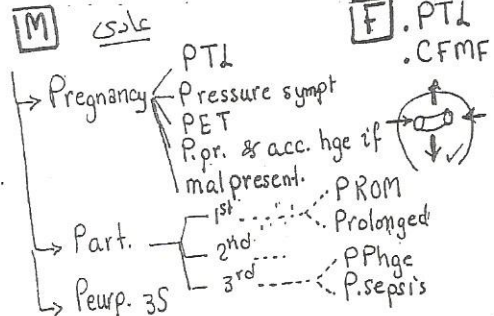
Exclude DM



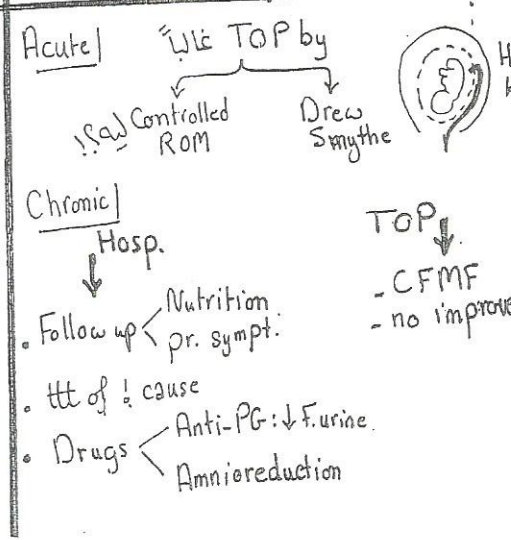
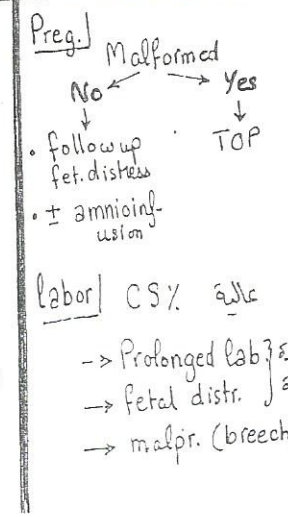
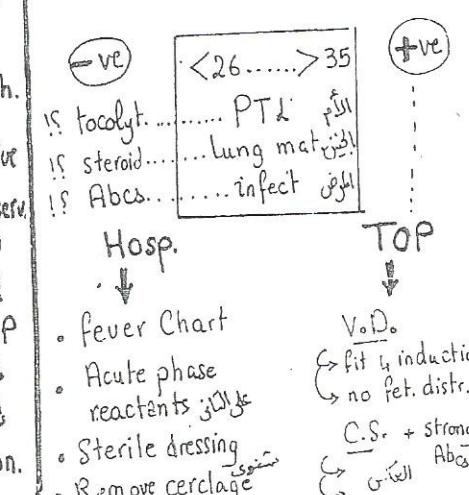
Comp. M.



Perinatal asphyx. d.t.
- malpresent.
- cond. compr.
- cong. inf.
Prolonged oligohyd.
- lung hypop.
- Arthrogryposis
- Talipes equinov.



ttt



Twins

1/80

Helin's rule

etiology

- 1) Race < familial ↑ age, ↑ parity
- 2) Hormones < induction C.O.C.

ما كان الإقسام
مكرراً كان
الانقسام أكثر
• placenta
• Am. memb
• fetus

due to fertilization of one ovum
by one sperm → constant factor
all-over! world = 1/250

identical
except in

Types

inv.

Comp

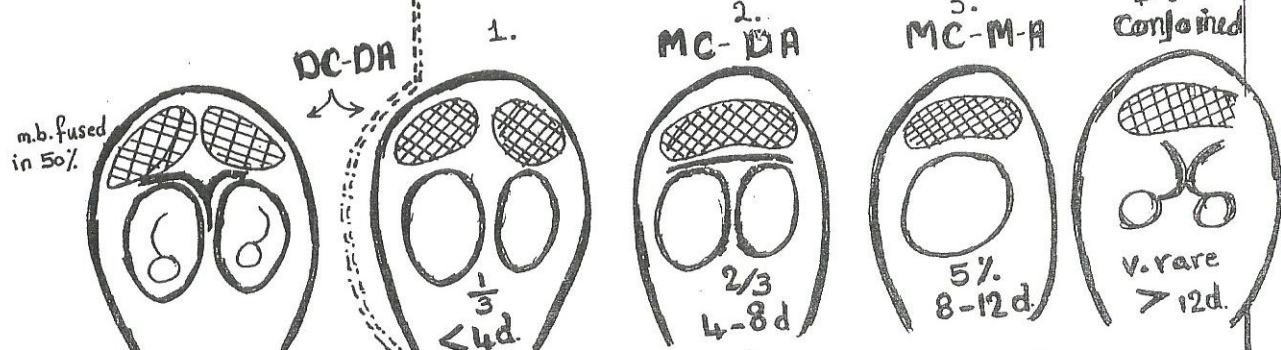
M F

ttt

P

proph. cerclage
steroids
tocolytics

كل طفل
الأم
الجنين



2/3 Binovular
(fraternal)

Monovular 1/3 (identical)

- CEMF
- IUGR... discordant twin
- PTL
- IUFD... maybe single fetal demise

- TTTT < IUGR (donor) fetus
- Cord entanglement
- acute polyhydramnios
- Conjoined twin

G.

A.

J.

C/S

1. Mongamniotic
 1. st non-vertex
 2. nd twin retained
 3. babies or more
- ⊕ حبال عريضة
• locked twin
• conjoined twin

1st stage

2nd stage

3rd stage

- guard against <
- twin A --- episiotomy ✓, min. interference
- after its delivery --- no methergine x, exclude cord prolapse.
- twin B → cephalic < spont. delivery (20-30 min)
- if distressed or > 20 min
- engaged → forceps/ventouse
- non-engaged → IPV & br. ext.

- guard against PPhge
- إزاي تفرق الإثنين من بعض؟
- 1. babies sex, group, HLA
- 2. Placenta
- 2... binov. & 1/3 monov.
- 1... binov. & 2/3 monov. (fused)

- breech < spont. br. delivery
- if --- or --- → Br. extraction
- transv. --- IPV & br. extraction.

- Diet كوية
- Rest أكثر

- follow up أكثر

Hydrops fetalis

G. s Kin edema
+ fluid in serous cavity
+ placental thickening

(↓ ed > 1960)
(↓ ed to 1.5%)

Rh 1.

IgM (mild) ABO 2. **Immune**

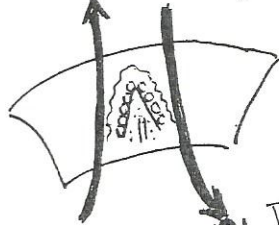
Kell (Lewis) minor 3.
Kid
Duffy

if received +ve
Grand mother theory

- Ab.
- ectopic
- amniocent
- ECV

مع الولادة
• esp. 3rd stage
• additional if
- C-section
- manual sep.
of placenta
- acc. hgc

immunity



Ag
Cc, Dd, Ee
-ve in 15%
Lipoptin in RBC wall

non-immune

- * Causes of G. anasarca
- * infections
- * chromosomal (Turner)
- * hematological (α-th.)
- * TTTT

1. Cong. hemolytic anemia
2. Icterus gravis neon.
Kernict
C.P.
صبر بعد الولادة
↳ mother removes bil. intrans.
3. Hydrops fetalis
HSM, Ht. failure
extra-medullary
hematopoiesis
severe anemia < 8 gm%.



4. recurrent IUFD
5. recurrent abortion

RH-ve mother
RH +ve father

PG

MG

- * Not affected except
- * Prophylaxis: Anti-D [RhoGAM] = 300 ug
↳ within 72 hrs (upto 3 wks)
Some... 28 wks (recently)
- ↳ no need if ! baby is Rh-ve
- ↳ Less need if minor maneuver (50-100 ug)
- ↳ more need if additional risk

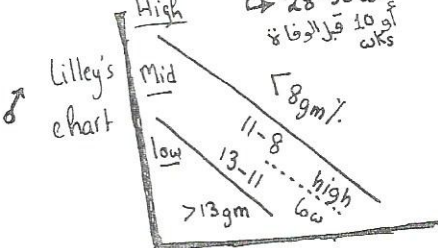
[0.1 ml is enough]
* Always affected (descending) except...

Rh-titre (18-20 wks) indirect Coombs

15% فقط
= 1.5%
Sensitised

ليس هناك علاقة بين titre و affection
عند 1/16
عند 1/16

Amniocentesis
Δ OD 450 nm
↳ 28-30 wks
أو 10 قبل الولادة



- a. low > 13g 3wk → FT
- b. Mid 11-13 2wk → 37-39
- c. High 8-11 1wk → 35-37

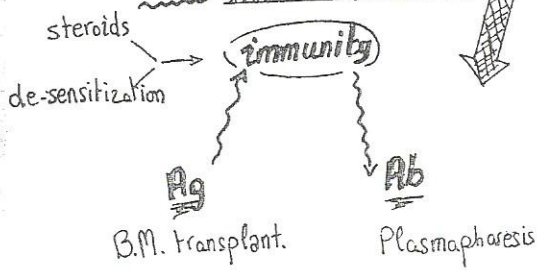
c. High < 8 → 1/S

immature
intrans.
transfusion

mature: TOP

[G-ve: 10 ml/wk > 20wks]
[intra-peritoneal cordocentesis]

N.B. Recent trials



Other inv

- . FCB
- . U/S
- . PUBS ?

X-ray

1. Buddha attitude
2. Halo around scalp
3. large ph. shadow
4. IUFD

- Straight: Simpson } low forceps
- Curved: Wrigley } in C.S.

Short

Long

Ordinary

قالبه Chamberlain

1] English

- Neville... assist. piece
- Simpson... Serration
- Barnes... Notch
- ⊕ double slot

2] French (Tarnier)

- Axis f. piece: blades
- no serrations
- notch
- ⊕ screw lock

3] German (Milne-Murray)

- Axis f. piece: blades
- no serrations
- no notch
- ⊕ Combined lock

Types

* Lithotomy

- G. anesth
- sterilizati
- catheteriz

* left handle

بالإيد اليسار في الناحية السحالي

* Right handle

بالإيد اليمين في الناحية اليمنى

* locking

* traction

- intermittent
- with ut. cont.

- * episiotomy
- * fundopernial exbm.

Actions

- compression ✓
- vectis action ✓

- x lever action
- x stim. of ut. cont.
- x dilat. of cx

Special

Kielland

min. pelvic curve
anterior or posterior
عشان يمين و شمال
rotate عشان

Blade 1

- fenestrated
- 2 curves
- cephalic
- pelvic

Shank 2

- to allow locking outside ! vagina

lock 3

sliding lock
عشان يبدل ال
asynclitism

Handle 4

2 knobs
تطير بره ناحية ال occiput
ودايمًا ورايت بتلف بقوا
وقد عشان في
O.A. ← الأخر

Rotation

- for DTA
- POP... PMP
- asynclitism

- 1) ant. 1st
- 2) post 2nd
- 3) correct asynclitism
- 4) Rotation
- 5) traction

ceph. curve looks anteriorly
original...
ceph. curve looks posteriorly
direct...
am...
american
يركب على جنب وبعين تقوله

بإيد واحدة فقط

Traction

- should be applied with pelvic axis
- ↳ down & back ---- down & forwards

- This may be helped by

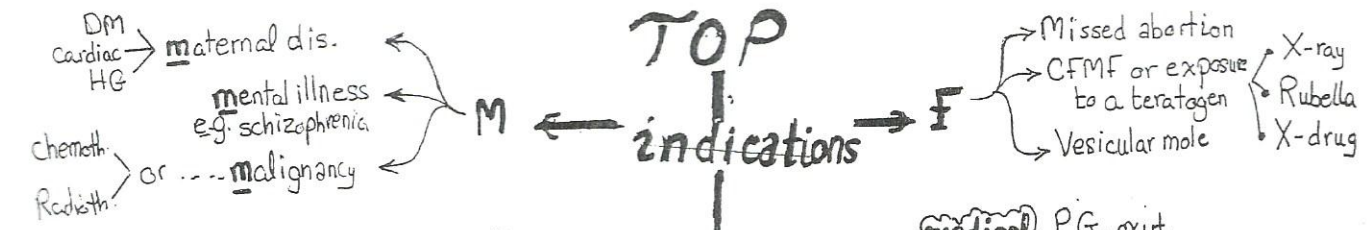
5] Axis traction piece

- Replaced now by... Pajot maneuver
- اضغط بإيدك الثانية على الشانك

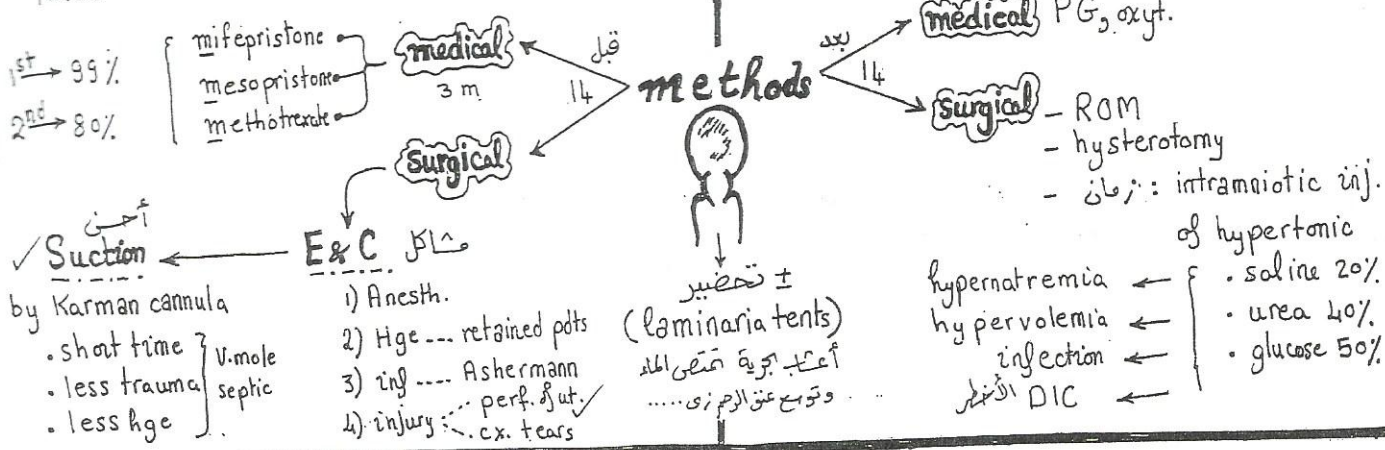
Indications	Comp	Application	level	Results
<p>1] M. distress HRP</p> <p>to shorten 2nd stage</p> <p>prolonged</p> <p>exhausted</p> <p>mal present.</p> <p>1st minor CPD</p> <p>rigid perin.</p> <p>2] F. distress IUGR</p> <p>with fully dil. cx</p> <p>& engaged head.</p>	<p>1] Maternal</p> <ul style="list-style-type: none"> • injury • genital tract • hge • infection <p>2] Fetal</p> <ul style="list-style-type: none"> • injury (forceps marks) • hge • infection • distress • death. 	<ul style="list-style-type: none"> • Cephalic x • pelvic x • Cephalo pelvic <p>here 1 position</p> <p>CS < DCA</p> <p>DOP</p> <p>(sagittal suture</p> <p>in AP diam)</p> <p>= 45°</p> <p>Shammy</p> <p>reced</p> <p>لازم</p> <p>engaged</p>	<p>High x</p> <p>zero</p> <p>mid</p> <p>+2</p> <p>low</p> <p>outlet</p> <p>after crowning</p> <p>no need to separate !</p> <p>labia to see 1 head</p>	<p>1] Elective من الأول</p> <p>prophylactic f. after</p> <p>20 min. from exdit</p> <p>to ↓ M. & F. distress</p> <p>2] Trial (tentative) تجربية مرة واحدة و</p> <p>فلت خلاص</p> <p>3] Failed باءا</p> <p>بغير الفشل ← يكررها كذا مرة</p> <p>أكبر فيه : CPD</p> <p>راسي ← حوفي</p> <p>كبيرة ← حوفي</p>

TOP

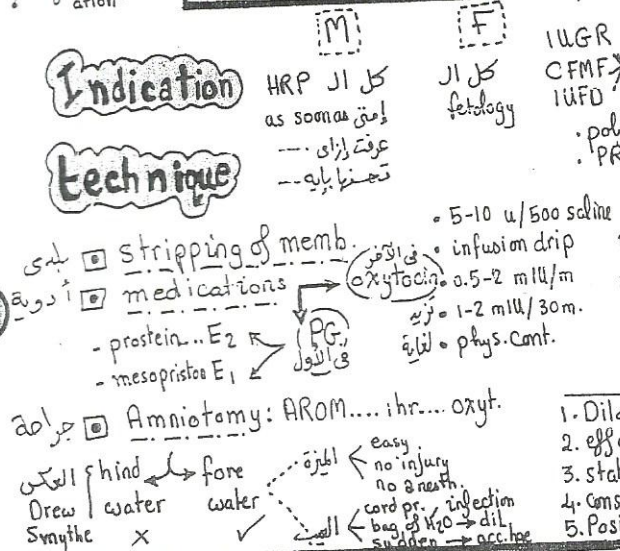
indications



methods

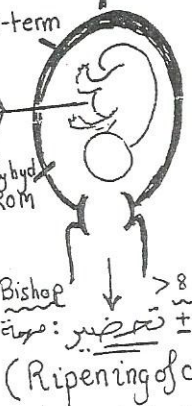


induction of labor

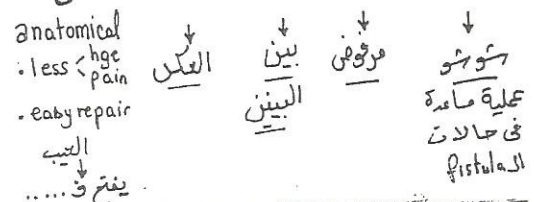


episiotomy

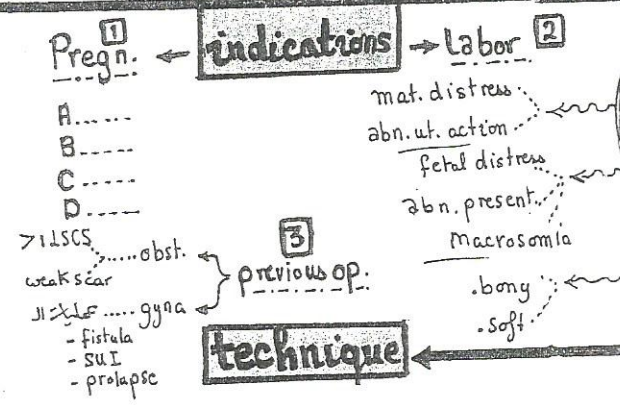
Indication technique



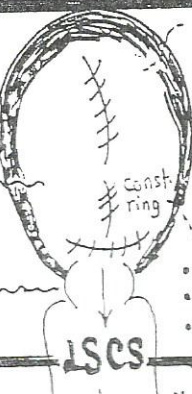
	0	1	2	3
1. Dilat.	closed	1-2	3-4	>4
2. eff. ac.	0-30°	40-50	60-70	>80°
3. station	-3	-2	-1,0	+1,2
4. consist.	Firm	medium	soft	ant.
5. Position	post.	middle	middle	ant.



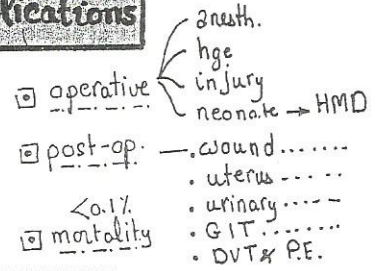
indications



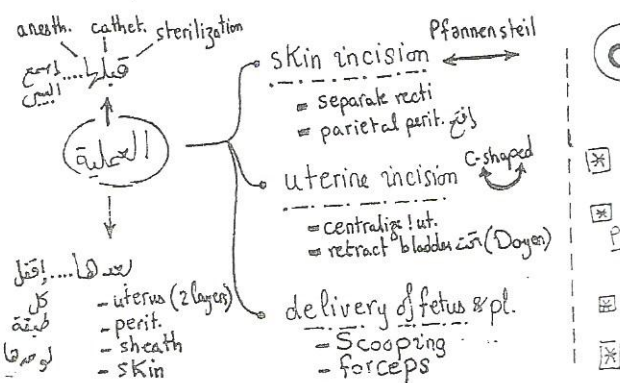
technique



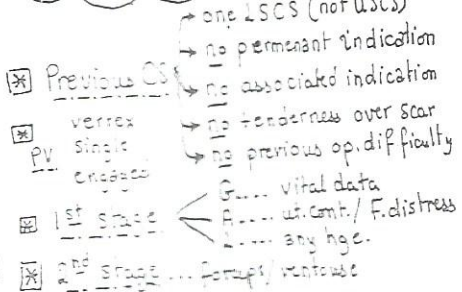
complications



Advantage



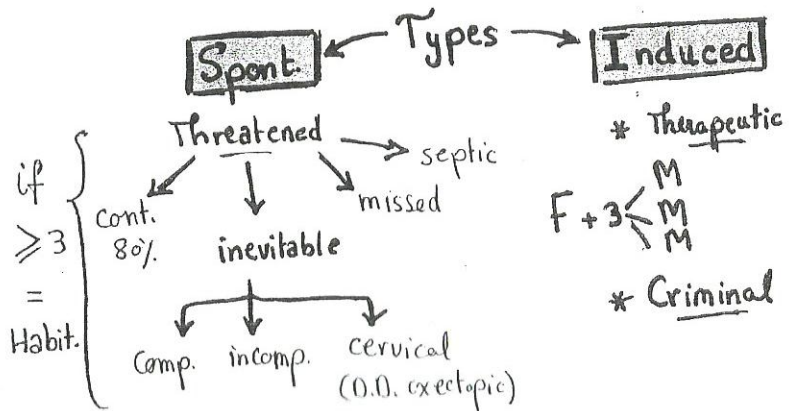
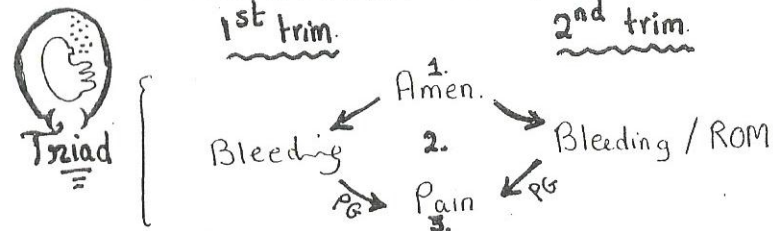
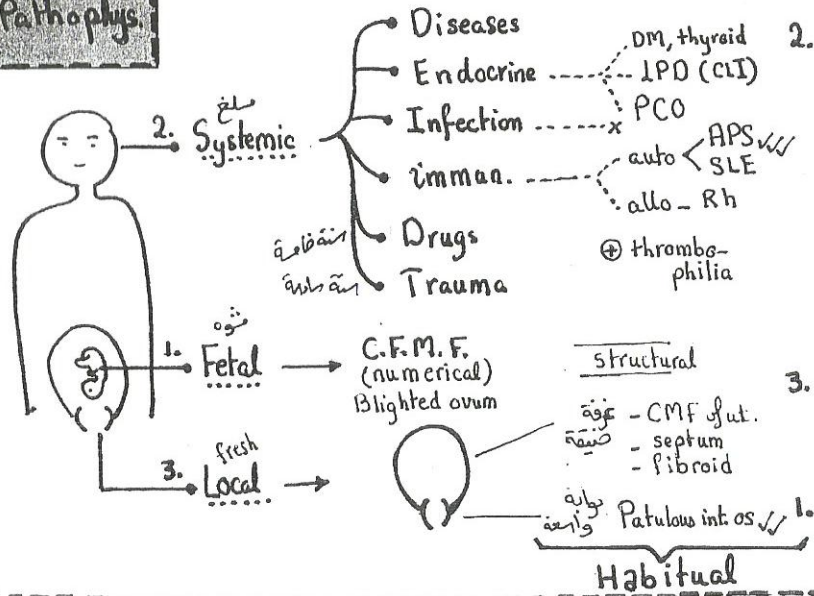
Criteria for VBAC



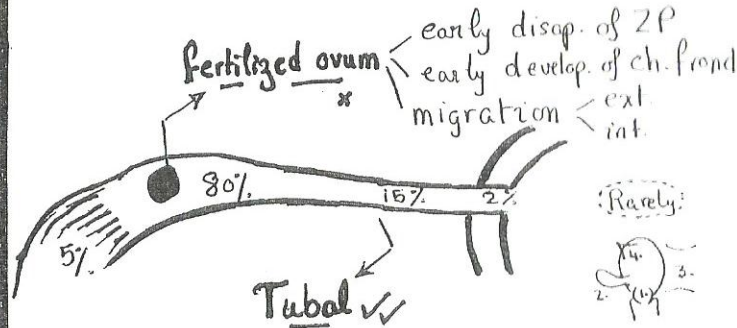
- 1] Hge
- 2] Rupture 0.2-0.4%
- 3] Infection
- 4] Paralytic ileus
- 5] Postop. adhesions
- 6] Mortality rate

Etiology Types Pathophys.

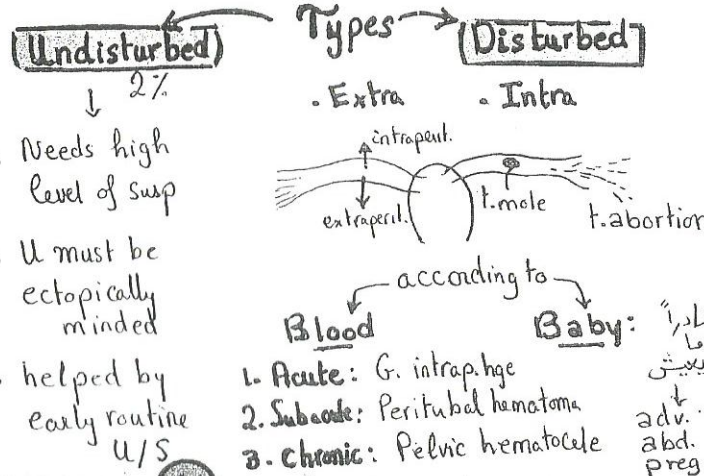
Abortion 10-20%



Ectopic 1-3%

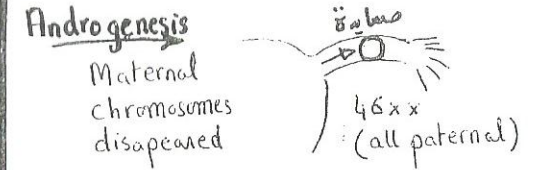


- Cong.**: hypoplasia, ostia, diverticula
 - Traumatic**: on or near tube
 - Infl.**: on or near tube (50% ← chlamydia)
 - Neop.**: stretching tube
 - Misc.**: endometriosis, ART, contraception, Progest., IUCD
- why ↑**
- ↑ STDs
 - ↑ contraception
 - ↑ infertility → ART

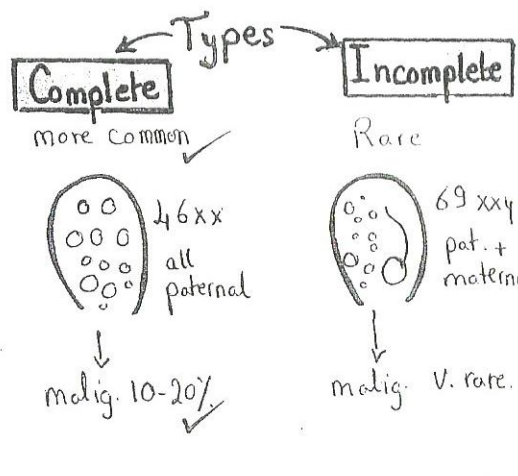


V. mole 1/1000

A benign tumor of trophoblast cell by troph. proliferation, hydropic deg. of ch. villi



- Food**: Nox fetus, vesicle
- Fixation**: metastatic mole, invasive mole, High ILPr.
- Funct. unit**: high fundus, Bilat. Theca Lutein 60%, بطانة كبيرة برتقاليين



	Threatened	Inevitable	Missed	Septic	Undist.	Disturb.	V. mole
Def.	Partial separation of fert. ovum from ut. wall	Comp. separation ↓ fetal expulsion	Retained non-viable fetus	Super imposed • G+ve: GBS • G-ve: E.coli inf. • Aner.: clostr.	early diagnosis < rupture	Rupture occurred	Benign GTD
Sympt.							
1. Amen	+ve	+ve	+ve	All are present followed by sympt. of inf.	Short period of amen. usually one missed period	short / absent	- Amen. (but no f. kicks)
2. BL	slight	severe (+ colicky)	No bl. → Br. disch.	→ FAHM-R	- slight pain	- sudden severe pain ↳ collapse	- BL ± vesicles (diagnostic)
3. Pain	slight	severe (+ backache)	No pain → absent f. Kicks	→ cont. lower abd pain → offensive disch.	- no bleeding	- no/slight bl.	- Pain { dull aching colicky sharp ± acute? abd.
Signs							
1. G.	signs of preg.	Pallor/shock	No signs of preg.	Toxic Look	- Signs of preg.	- Shock not proportionate to ext. bl.	- Pallor/shock ± comp.
2. Abd	= F.L.	= F.L.	↓ F.L.	Tender uterus	- uterus slight ↑	- T, R, RT Cullen shifting	- ut > F.L. { doughy no FHS bilat. TL gdt partial
3. PV	cx: closed	cx: opened	cx: { closed ± Prune juice	Pelvic abscess / physometra	- mild tenderness or small adnexal swelling	- Tender adnexum = jumpin sign ✓	- vesicles
Inv.							
B-HCG	+ve: doubles/2d.	clinically diagnosed	→ no doubling	U/S { dead fetus incomp. abortion	B-HGG = subnormal rise < 667.	TUVS = small sac outside! ut.	- B HCG > 100,000 (x for follow up)
U/S	+ve	U/S	→ no fetal pulsation	→ blood: ESR, TLC high vag. swab	مكن تبقى thr. ab.	مكن تبقى C.L. + Arias Stella	- U/S = snow storm
→ etiology	{ TV 5 wk TA 7 wk Sonicaid 10	Comp. incomp.	→ Fibrinogen	→ DIC... Renal funct.			- X ray { Honey comb. no fetal skeleton chest: Cannon ball
Comp.							
* Continues 70-80%	- Hge - inf. - injury → perforation in D&C	* OR → inf. dies BL ↑	* DIC < 100 mg% slowly 50/wk heparin may be given (twins) • Sepsis	SIRS	Combination Disc. zone = 2000 Laparoscopy ✓ culdacentesis x	Shock	{ General - PIH < 20 wk - HG - thyrotox. - Pul. emb. { Local - Hge, inf - Malig. - Perforation - Recurrence
Mt.							
Conservation	Rest 3 Fe anti-d anti-PG 3 Progest B2 agonist TOP if	Resuscit. 1st suction 2nd oxyt. D&C PG followed by ecbolica antibiotics	According to Fibrinogen > 100 ↓ TOP 1st 2nd correct first • fibrinogen • FFP • Fresh bl.	1 elevate G. cond. Antibiotics high dose combin. ICU CVP 2 TOP 3 Comp suction hysterotomy hysterect. intub.	Laparoscopy ✓ or Laparotomy - salpingectomy - salpingotomy - Medical = methotrexate • < 3cm, < 3000 no heart pulsation vitality stable	Resuscit. ↓ Laparotomy ↓ salpingectomy • D&C ± • RH ±	Resuscit. suction evac. then → ecbolica curetage Follow up 6-12 m. C.O.C. (no IUCD) month

Bleeding in early Preg

Mild < spots pain

Threatened ab.

Undisturbed ect.

Acute abdomen

1 Acutely disturbed

⊕ shock

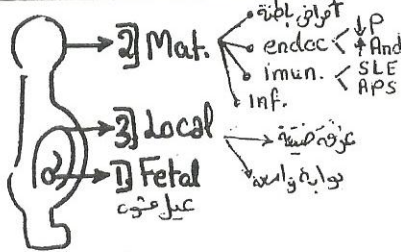
2 Septic Abortion

⊕ fever

3 Vesicular Mole

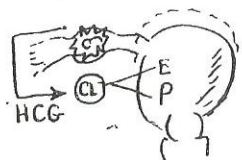
⊕ complicated T. & cyst

etiology



كيسة الرحم > 7d.

- Cong --- DES
- tr --- on/near
- infl --- on/near
- Neop --- stretch
- Misc < ECG

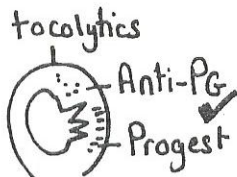


المسكة
إنه
تشبه

(H.) → Repeat

lapar. → زلقة / رقيقة

- 1) Acute abd. → dist.
- 2) Discovery of mass
- 3) Discovery of fetus
- 4) Discrimination zone = 2000/TVUS



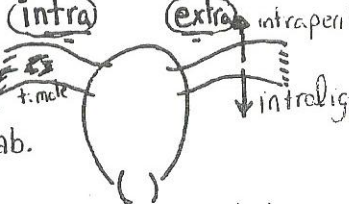
3 Fe
Rest
Anti-D

Laparoscopy

- salpingotomy
- salpingostomy
- salpingectomy

Methotrexate

- < 3000
- < 3cm
- vitaly stable



shock # ext. hge

T, R, RT < Cullen's sign

Shifting dull

Jumping sign

No need

clinical

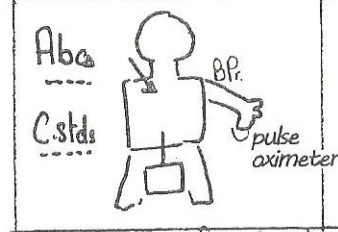
severe ↓ acutely dist ↓ G. Intraperit. hge | shocked

mild ↓ sub-acut. dist ↓ Peri-tubal hemat. | مبرودة

chronic ↓ collects in Dpouch ↓ Pelvic hematocole | pressure

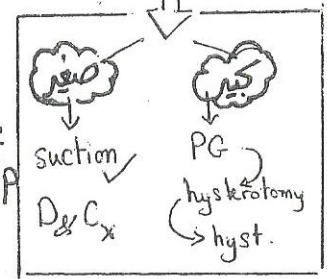
1 Resuscit < Wide bore Coll & help

2 Laparotomy ↓ Salpingectomy



elevation of g. Cond.

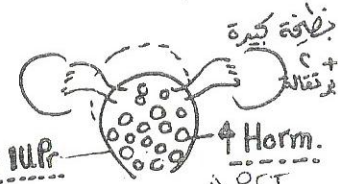
↓ ↓ fever



TOP (op. theatre)

→ ⊗ : ⊕ 46xx all paternal

"Androgenesis"



- 1) Benign
- 2) invasive
- 3) metastasizing

chest x ray "cannon ball"

β-HCG > 100000

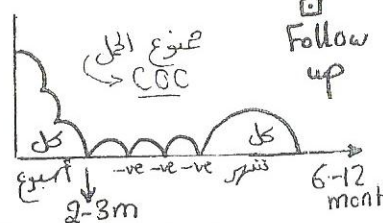
U/S snowstorm

Honey comb

العلاج حسب الن

صغيرة Suction < ech. D&C

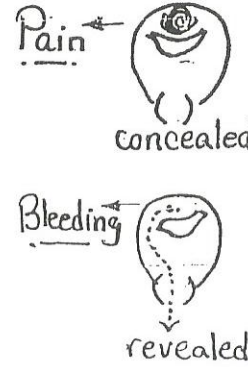
كبيرة hysterectomy



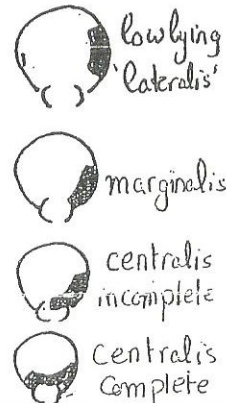


V.D. ^{Wla}
 □ Cephalic
 □ Contractions
 □ DIC
 AROM ^{المطالعة}
 + shock

1. Pdf ^{albumin}
2. Dis ^{U/S}
3. Comp ^{FOPs}



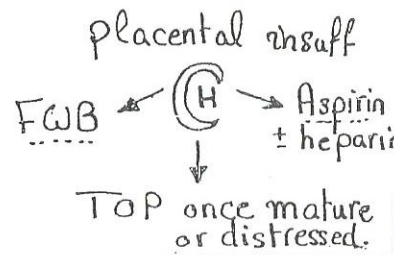
Placenta
 acc. \longleftrightarrow previa



- Bleeding
- painless
 - causless
 - Recurrent
 - Fresh

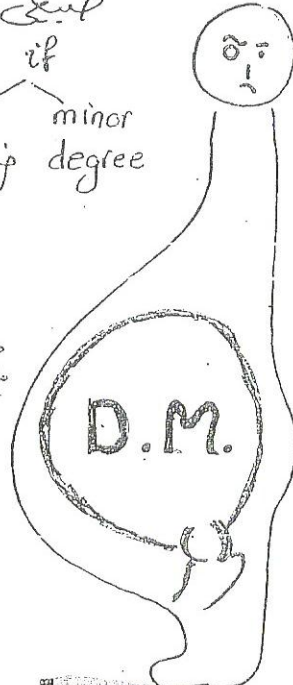
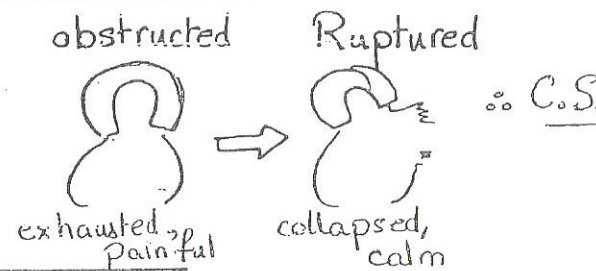
U/S

C.S. ^{Wla}
 mild bleed if minor degree



AFI 5 <
 pl. insuff. \leftarrow dueto
 C.S. \leftarrow Wla

Fetus
 IUGR \longleftrightarrow macro



A. fluid
 oligo \longleftrightarrow poly.

> 20 AFI
 due to \leftarrow polyurea
 large pl.
 V.D. \leftarrow Wla

Pdf	trph. vessel dis. \oplus PR
Sympt	increases severity \leftarrow Neurology of Comp. epig. pain oliguria
Signs	BP. $\frac{BP}{>140/90}$ Alb $\frac{Alb}{>3\text{cong.}}$ $\frac{1d}{edema}$ \leftarrow occult manifest. dry
Comp	M] eclampsia, HELLP, acc. hge \leftarrow IUGR PTL IUGR
Inv.	M] albumin \oplus organ funct. tests \leftarrow FWB \oplus Doppler
tit	mild \rightarrow conserve \leftarrow till \leftarrow الأم المرضع الحين \rightarrow Severe \rightarrow TOP \leftarrow MgSO ₄ \oplus Anti-HTN

Pdf.	close \oplus GMP
Sympt.	4P
Comp.	3 \downarrow 3 \rightarrow 3 \downarrow NB! \rightarrow P _s \leftarrow Preg. Parl. Pearp. \rightarrow M]
Inv.	Confirm 3hr GTT \rightarrow screening 1hr GTT
tit	Pre concept. \leftarrow ANC \rightarrow insulin \rightarrow inv. \rightarrow TOP \rightarrow 40 38 37 \rightarrow CS \checkmark

>90th percentile weight
>4 kg (DM)
>4.5

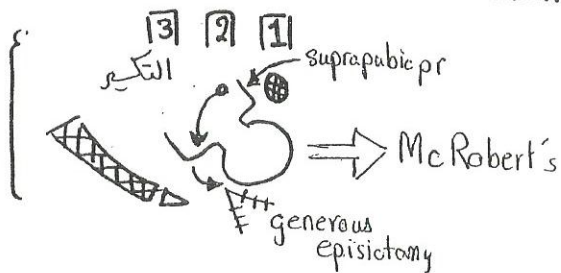
Macrosomia

G D.O.P.E.



↑ F₁.
amen. < UG.
FHS.

best is proph. C.S.



DM

etiology

Diagn.

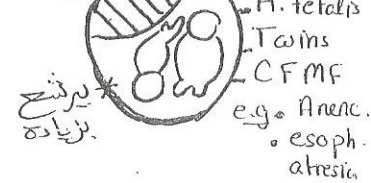
Comp.

Manag.

Polyhydramnios

Clinically ↑ amount
U/S AFI > 20cm
= AF > 2 d.

DM



(Acute) (Chronic)

1/2000 1/200 ✓
4-6m > 28 wk
كل حصة أكل كل حصة أكل

• F₁ ↑
• UG > amen
• FHS

م زي البكر (M) < P_p P
F) < PTL CFMF

Conserv ----- TOP
± anti-PG ± controlled ROM
± amnio-reductio ± Drew Smythe

G] Pr. sympt, ddd, PET
A] Pain, stretch < fetal parts
FHS
d] ex partially dilated

PTL

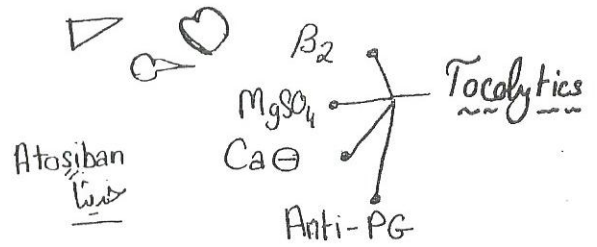
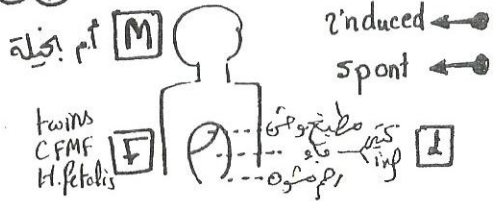
تنبه ال
abortion

Pts at risk

threat. PTL

established (inevitable)

Premature baby



Steroids
28-34 12mg/24 Beta
6mg/12 Dexa
مرة واحدة مرة واحدة

etiology

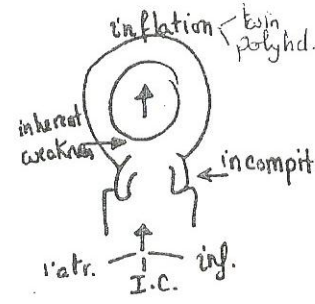
Diagn.

Comp.

Manag.

PROM

10% < active ut. cont (PROM)
1% < 37 wks (PPROM)
PTL في 1/3



• F₁ ↓
• UG < amen
• FHS

charioamn.
Prematurity

History
Sterile cusco
U/S AFI
Amnioc

-ve < 26... > 35 +ve
Single dose = steroids
Abes
Fever chart + CH. + TdC ESR CRP
TOP < V.D < Fit 4 ind. no fetal distress
C.S.

	IUGR 5%	Macrosom 5%
Def.	- B.W. < 10 th percentile - Pl. insuff. ← maternal is d.t. placental	- B.W. > 90 th p. > 4.5 or > 4 (D.M.)
Etiology	HRP "idiopathic" 2/3 cases inf. CFMF	G D..... ✓ O..... P..... E..... L
C/P	G A → FL U.G. FHS L	↓ weight < 50 kg < 28 wks < amen. (gravidogram) oligohyd. (abd. girth) ± f. distress previous history presence of etiology
Inv.	A. B. C. D. E.	- GTT, Storcheb diagnosed U/S 2 types symet. F, وحش asymet. P, M, حلو * EGA & U/S * serial U/S
Comp.	M. F. P. P. P. P. P. P. P. P. P.	Shoulder dyst. ✓ Izay tawafa? Izay shakla? M... PPHge F... ←
ttt	1. Prophylaxis 2. Active 3. Neonate	Proph. Baby aspirin 75mg Proph. I... TOP II... hospiti Active 1. Mc Robert supra-pubic 2. Bring down post. arm rotate trunk 3. symphysiotomy Zavanelli ?!

PROM 1-10%	Oligo 0.5%	Poly 0.5%
10% < active ut. cont. (PROM) 17% < 37 wks (P PROM) PTL 1/3	* clinically ↓ amount * U/S < AFI < 0.5L AFI < 5cm	* clinically ↑ amount * U/S < AFI > 2L AFI > 20cm
inflation twin polyhyd inherent weakness insuff. nut. I.C., infection, iatrogenic	Post term Pl. insuff. CFMF anti-Potter PG.	chorio. D.M. angioma H. fetalis twins CFMF e.g. open NTD esoph. atresia congen. nephrosis
* sudden gush of H ₂ O vag. fluid: D.D. < amen. easily felt easily heard moulded Never.... exapt if....	± P.E.T. same small bag of forewater	acute 1/2000 chronic 1/200 4-6 m. G Pr. sympt, Lled, PET A Pain, stretch L cx. partially dilated
History sterile culcus AFI amniocent.	exclude ROM U/S AFI CFMF post-maturity < 5cm	GTT U/S AFI C F twins > 20 cm M F uniov. acute
M → PTL Chorioam. G... fever, ↑ pulse, ↓ WOP A... tend, fetal tachyc. L... purulent disch.	peri-natal asphyxia malp, cord compression Prolonged oligo lung hypoplasia Adhesions Talipes equinov.	M F CFMF PTL ✓ P P P
-ve < 26... > 35 tolcylt... PTL steroid... lung mat. abcs... infection fever chart TLC ESR CRP remove cerclage	Pre: → malformed No Yes: TOP follow up f. distress ± amnioc fusion Labor: → CS% prolonged labor fetal distress malp. (breech)	Acute → TOP by Controlled Oreo face H ₂ O Smythe Chronic Conserv. TOP if Ht! cause no CFMF drugs ant-PG amnio reduction follow up

Preterm 5-10%	Postterm 5-10%
labor < 37 wks 6-8/hr 4/20m.	Preg. > 42 nd wk Dysmature < postt. IUGR
Spont. M L twins CFMF H. fetalis	* wrong dates ✓ * No oxyt. steroids PG i.e.
Induced for M. F. sake	↓ weight. ↓ abd. girth (علان المياه) قليلة الرغزني أن حصة كبير
1 Pts at risk - Good ANC < inf. anemia - Sedative, no SI, rest Serial < TVUS Fibronectin - 2 medicine < Prog. tocolysis esp. < previous PTL polyhyd. PROM Twins	U/S BPD liquor pl. Ca > 10.2 ↓ قليل مكرر
2 Threatened PTL false L. pain ± backache change of ccc of disch. Hospit. to assess uterus cx fetus palpate monitor Bishop BPP	M. F. asphyxia مياه قليلة سجمة مثقلة injury عمل كبير
3 Established PTL * Hospit. < rest hydration * Abcs ✓ * tocolytics * steroids (Beta 12mg/24 (2 doses) Dexa 6/12hr (4 doses)	فاني 4 wks F.W.B twice/wk fetal Kicks فاني 41 wks fit → إخلع not → باستني (أمر حادة) الناتية 42 wks V.D. C.S. ✓ PG → AROM عمل كبير مياه قليلة
4 if delivery occurred 1st 2nd 3rd Aba vit. K avoid depressant drugs	N.B. special care epis. forceps CS if distress IUGR breech

Intra-partum "FGB"

1 Clinical = partogram

intermittent ausc. (Pinard)

1st 30 m. } heard after ut.
2nd 5 m. } cont. for 30 sec

A.F. colour

- Meconium stained (distress)
- Normal in: Breech, oligo, postdate

2 Electronic

external



internal



B₂B - أدق وأبسط من الخارج
ROM, cep, cx dil - لازم
inf. & injury - المشكلة

3 Biochemical

fetal scalp Ph

N ... > 7.25
borderline ... 7.2-7.25
distress ... < 7.2 → C.S.

fetal pulse oximetry

change pt. position
stop ecobolies (± start tocolytic)
give fluid
if still distressed
C.S. (if < full dil)
foreps if full dil vent.
engaged

acute fetal distress

Tocolytics

Types < long term ... widely used ... but no improvement in neon. outcome
short term ... 48-72 hrs ... till steroid act & transfer to hospit.

Indications < Mother → distress ... PET
Fetus → distress ... IUGR
dis. (PTL) → progress ... > 4 cm Fully effaced ROM } contraind. for prolongation

B₂-agonists = Ritodrine Hcl Yutopar

50 mg ampoule / titration till contr. disappear ... مشكلة

Mother effects with dose: Palpiti, ischemia, arrhythmia, Pul. edema (if + steroids), hyperglyc., hyperinsulin, hypoglyc., & hypokalemia
Fetus: tachyc. & arrhythmia, ↑ B₂B, Hypoglyc., Hypocalc., Hy perbili.

MgSO₄

Loading 4-6 gm IV / hour
maint 1-2 gm IV drip / hour
excretion Kidney
follow up - Knee jerk
- UOP
- Resp. rate
therap. level 4-7 mEq/L
Toxicity 8-12 ... Knee
12-15 ... Resp
15-30 ... cardiac

Anti-PG

oral Brufen 25 mg 1x4
rectal Profenid, indocid 100mg 1x2
side effects Mother: stomach ulcer
fet us < premat. closure of ductus art. oligo hydramn.

Ca channel blocker

Loading 10 mg / 20 m. (4 doses)
maint. 10 mg / 6 hrs
Adv. ... same efficacy as yutopar & more safe
Side effect ... hypot.; flush, tachyc.

Steroids

indic ... all HRP → enhance fetal release of surfactant
contraindic < DM HTN } poor control < PROM } inf.
Dose (24 mg) ... Beta 12 mg / 24 hrين ... Dexa 6 mg / 12 hr
Method ... multiple ... Single
< 28 > 34 أسابيع
↓ side effects

Ecobolies

1 Oxytocin

Nonapeptide < synth. in hypoth. stored in post. pit.

uses < Preg. < early ... ind. of ab., tit of postab. bl
late ... ripening of ex, ind. of lab.
Labor < 1st ... augment. of labor, tit of iner
3rd ... manag. of 3rd st., tit of PP
Lactation ... may be used as lactagogue

Comp.

over-stim. < Mother: R. ut., AFer
Fetus: Pl. insuff + d
over-dosage < water intoxic: hypor
neonatal jaundice

Contraind.

ut. scar, GMP
pl. insuf, f. distress } abs
CPD, p. prev., Tr. lie

adminstr. titration: 0.5-2 mIU → 1-2 mIU

2 PG analogues

* CX Ripening of ex & induction of labor
PG E₂ ... prostin, vagiprost 25 ug /
PG E₁ ... cytotec, mesotec (4 doses)
* uterus * intrat. extramn (ind. of ab.) } PGF₂
* intramyometrial (in PPhge)
* fetus * Keeps ductus art. patent
helps urine production

3 Methergine

ergot alkaloids

uses < Abortion ... postab. bl
3rd stage ... atonic PPhge

Comp. if < fetal delivery → distress
> dose → V.C → HTN & ischemia

* oral 1 mg ... 7 min
* IM 0.5 mg ... 3.5 min
* IV 0.25 mg ... 1 m.

IUFD

Antenatal :- IUGR
Intranatal :- ⊕ fetal asphyxia
Post natal :- ⊕ PTL

PNMR = still birth + neonatal death / total birth in 1 year x 1000

F. distress

Ante-natal
Intra-natal
Prophyl. ... FGB
active ... ToP

N. asphyxia

= asphyxia neonatorum
A. livida A. pallida

Ass. of lung mat.

History ... LMP
clinical ... f. level
Inv. → U/S AF turbid PL calc. grade III
L/S ratio bubble stability aminocent.

R. distress synd

type I ... HMD
type II ... TTN
mecon. aspirat.

APGAR score

Appearance
Pulse
Grimace
Attitude
Resp. rate

N. jaundic

Physiological
Patholog.
Prehepatic
hepatic
obstructive

fetal loss

Early

Late

Recurrent

etiology
60-70% ✓✓
M.
L.

C/P
thr.
inev. ← Comp incomp cx.
missed
septic

Comp.
Hge
Inf
Injury و!

ttt.
(thr.) Conserv.
3) anti-PG
Progest.
β₂ agonists

TOP
- Rest if inev.
- fibrin. if missed
- Abcs if septic

< 14 M.... 3M
S.... ExC or sucti
> 14 M.... PG oxyt.
S.... hysteroto-

1. Ante-partum

HRP
↑ أم جيلة
P.pr.
عيل
Fetology
عيل

How to detect?!

Screening
(ANC)

* **PET**
- PG, obese, age ↑
- Preg. with <
- Post H. of ...
→ screened by Dopler

* **DM**
- obese, GMP
- obst H... <
- Post H. of ...
→ screened by thr PPS

FWB

± Steroids
IUGR
± Tocolytics
PTd
± Anbs
PROM

CFMF

± Steroids
IUGR
± Tocolytics
PTd
± Anbs
PROM

2. Intra-partum

Fetal
- asphyxia
- injury
- IChge
- Infect.

How to avoid?!

Good INC

1st clinical < Partogr. liquor
2nd Elect. = CTG
3rd chemical = scalp ph
- ceph: proper forc. applic.
- breech: proper delivery or CS
- Macr: early CS → avoid sh.
- PROM: proph Abcs
- PTd: proph vit k

3. Post-partum

APGAR
ABCDE

etiology

endocrine
C.I.I ✓✓
PCO ✓
DM, thy.

Immune
Auto < SLE
APS ✓✓
Allo < Rh
H1A

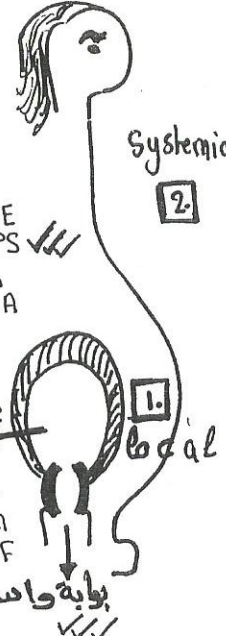
thrombophilia

Infection

- Fibroid
- Cong. anom.
- Aschermann
- Fixed RVF

acquired
- Cong
- ↑ ms fibres
- an. e. ut.
- DES

obst.
- Forps
- vent
- Br. ext
- D&C
- Ampul.
- Coniz.



fetal
آخر جيلة
4-10%
mainly structural

Assesment

History

* **Personal**

* **C/O**
> 3 successive

* **HPP**
- Abortion sly
- Comp. 99

* **Menst**

↓
↑ PM spotting

* **Obst**

- time
- order
- abortus
- special coc

* **Past**

- medical
- surgical < obst
gyna

* **Family**

Exam

General

med. dis.
- Progest. 21
- LH/FSH
- PPS
- T_{3,4} TSH
- ANA, C₃
✓ - ALA, ACA
- Rh

local

ut (fibroid)
cx (tear) PIOs
preg: u/s better TV
non-preg HSG Hysteroscopy

Fetal

Post-mortam
Karyotyping

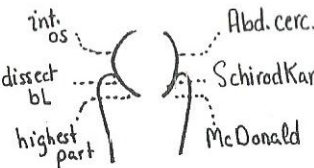
ttt

General

- Reassurance
- more rest
- vit., Fe
- stop smoke, alcohol

Specific

* **PIAs**



* **APS**

- Baby aspirin 75mg
- heparin 5000 u/12
or LMWH 30-40 m

Idiopathic

50%

imperial

Progest folic acid Aspirin
± heparin

Blood

- Hb → lower limit is 11 gm%.

Normally 12-16

but $\left\{ \begin{array}{l} \text{RBCs } \uparrow 20-30\% \\ \text{plasma } \uparrow 40-50\% \end{array} \right\}$ physiolog. hemodilution

- FBS 60-90
- 1 hr < 140
- 2 hr < 120
- RBS < 200

	Blood	Plasma
FBS	90	105
1 hr	165	190
2 hr	145	165
3 hr	125	145

- Renal function tests

- creatinine 0.5 mg%.
- uric acid 3 mg%.
- BUN 8.5 mg%.

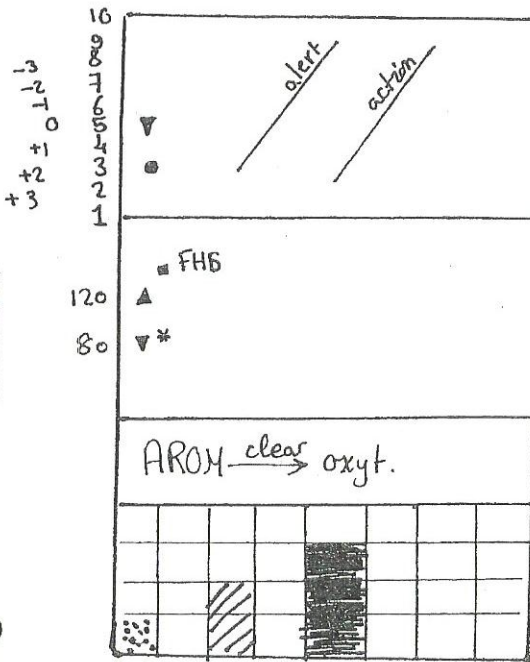
Tanner

	Breast	Pubic	
1 st mound	1	x
2 nd mound	2	0
3 rd mound	3	0
4 th mound	4	0
5 th mound	5	0

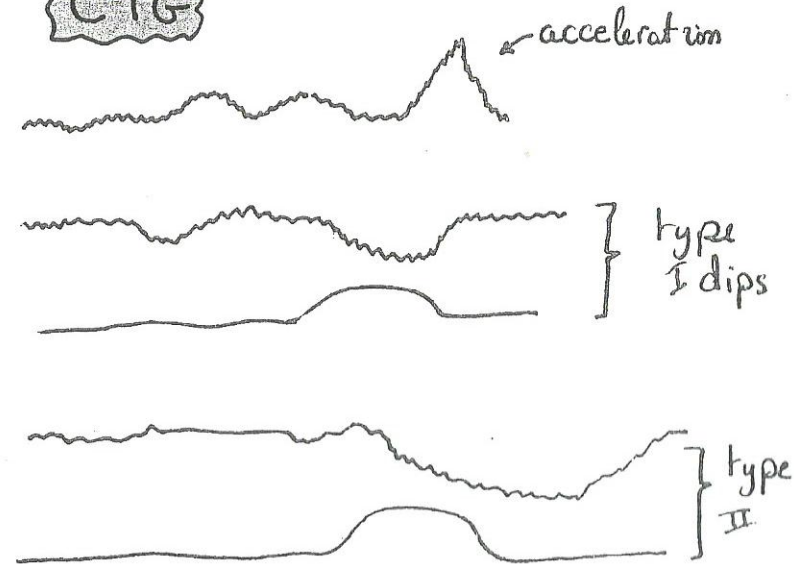
Urine

- Pus cells 1-2/HPF
- Some crystals/epith. cells
- Glucosuria : normal in preg. $\left\{ \begin{array}{l} \text{renal} \\ \text{alimentary} \end{array} \right.$
- Albuminuria : only if dis:-
 - ↓
 - PET
 - UTI
 - false (contamination)
 - orthostatic

Investigations



CTG



Fetal Kick chart

"Cardiff"
Count to 10

	8	10	12	2	4	6
Sat.						
Sun.						
Mon.						
Tue.						
Wed.						
Thur.						

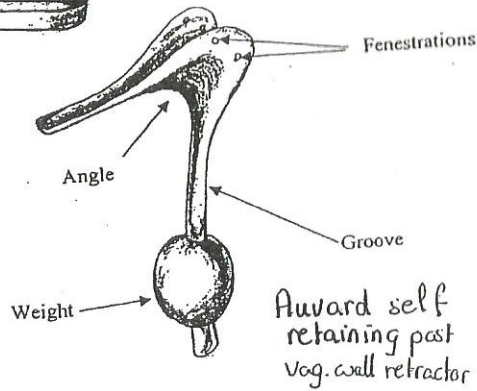
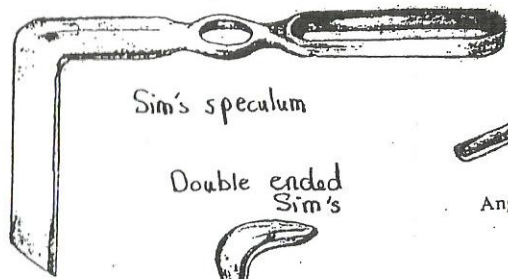
Final diagnosis

- Name • age
- Parity • gest. age
- ceph. / breech
- labor / not
- obst. comp.
- medical comp.

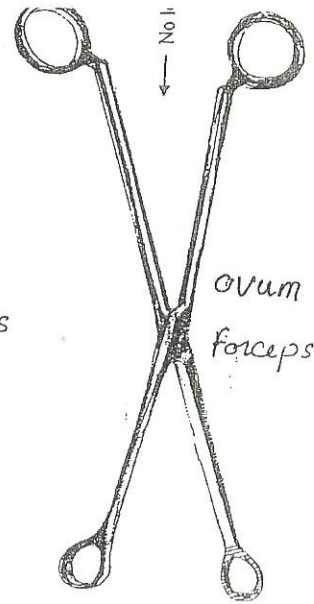
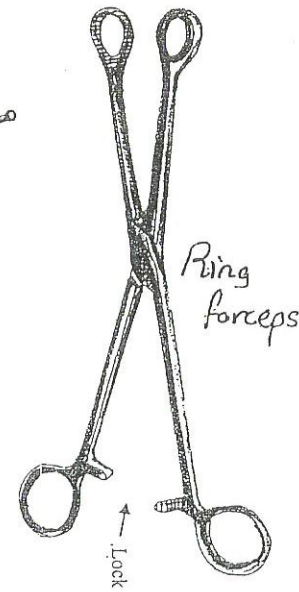
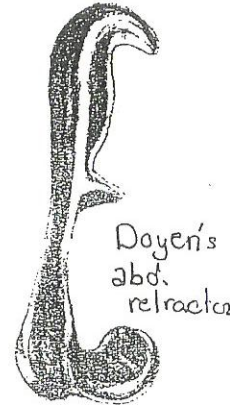
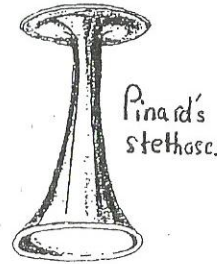
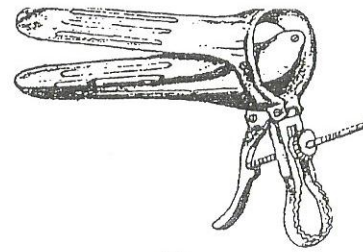
Semen

macrosc.	microsc.
- viscid	Count > 20 m/ml
- 2-4 ml	morph. > 30% norm.
- ccc odor	motility > 50% forw.
- ph alk.	Pus cells < 1-2/HPF

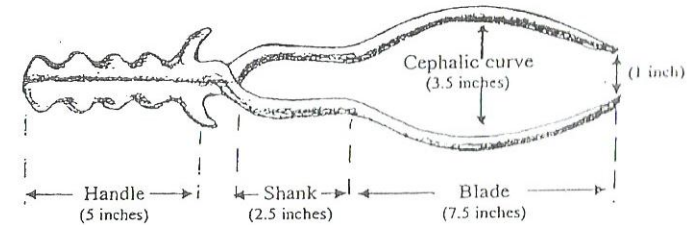
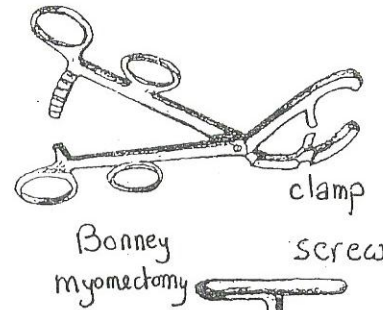
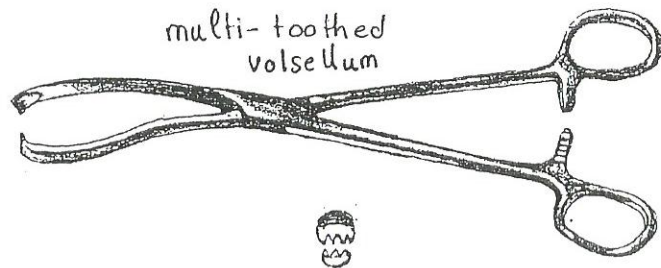
on.... drugs
for.... invest.



Cusco speculum



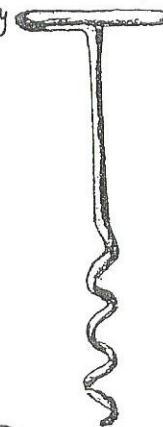
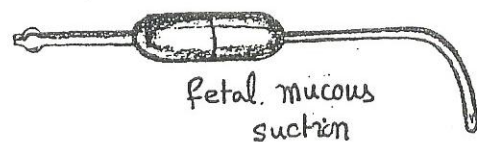
metal catheter



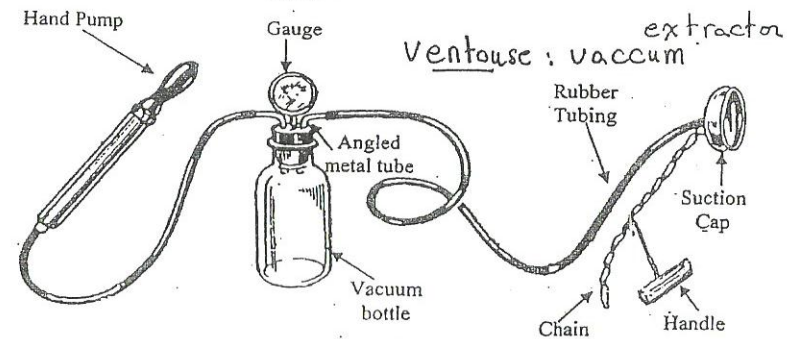
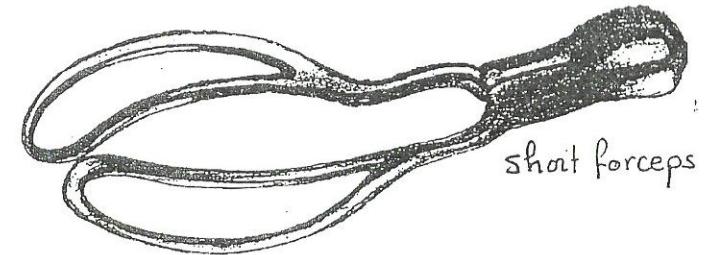
Hegar's dilator



Double end curette



screw clamp



→ threatened ± small retroplacental hematoma

→ habitual ab.

• إزاي history
 > 3 successive
 من السونار:
 patubus: > 1cm عرض

• إزاي الأدوية:

imperial

- progesterone

- Heparin
 ± aspirin

- folic acid

C&I PIO
 APS → إزاي أشهر الأسباب
 thromboph.

• إزاي العيلة
 1- McDonald } vag.
 2- SchrodKar
 3- Abd.

• إزاي مشاكل
 ROM
 inj. of bl > -
 Ab. infect. > -
 PTL > irritat. > -

Abortion

أسئلة على
 الحالات
 obst
 "A"

ectopic

طالما محوزة تبقى حاجة في امين

waiting

query?!

إزاي ال D.D.
 → thr. abortion

إزاي تتأك
 → serial
 .U/S
 .β-HCG

or
 .laparoscopy

إزاي أشهر سبب

Adhesions

PID

undist.

قاعة له

→ medical ttt
 = methotrex
 = 50mg/m²

إزاي الروب

1- < 3cm

2- < 3000 HCG

3- no card. activity

4- vitally stable

postop.

laparotomy laparoscopy

- what was!

presentation:

acute abd ±

collapse

- What was!

1st line of ttt:

cannula

+ resuscit.

- What was done

ectomy

- أنوية بإرقة

- كبيرة

- معالجات

otomy

- إلى حدة ملحة

- صغيرة

- معالجات

P. previa

• في الأغلب الحالة المحوزة:

* عقلا إزاي:

Painless, causeless
 reccurent, fresh

* إزاي ال D.D.

maternal fetal
 Pl. extra-pl = V. previa

* إزاي أنواع
 minor { 1- parietalis: low lying
 2- marginalis
 major { 3- partial } centralis
 4- total }

* إزاي مشاكل

Fetal Maternal
 عروف متورة Preg. Pant. 1, 2, 3
 Peurp.

* العيانة محوزة لامتى؟

Mother → labor
 fetus < mature
 distressed
 Bkled → severe

* إزاي هاتولد

CS غالباً
 - major degree
 - severe bl.
 V.D. صحن
 - minor degree
 - mild bl

* صحة المتقي

1- NICU
 2- bl. bank
 3- Op. theat.
 كوي

APhge

V. mole

حالة نادرة

* إمتى يكون فيه عيل

→ partial
 → twins

* إمتى تبقى
 acute abd.

torsion T-2 cysts

* إزاي أخطر حاجة

Choriocr. تقلب

* إزاي العلاج

صيرة
 suction
 كبيرة
 hyst.

⊕ follow up
 by
 β-HCG

* إزاي

History: ↑enlargem

Inv - U/S: snow storm

HCG > 100,000

* إزاي ال etiology

→ androgenesis

مظاهر ارتفاع ضغط الدم في الحوامل

mild PET

P.I.H.
P.Ass.H.
P.Aggr.H. → D.D. أو

not in lab... M.
not distressed... F.
immature... mild ... المرض

إيه المشاكل

كل حاجة → Mat.
Fetal IUGR, IUFO
pl. abruption

HTN edema
Pturia → إزاي تتخلف

severe mature → إمتى هاتولد

chronic HTN

إزاي تفرق
fundus exam.
past history
no pturia
no syst. affection

severe PET criteria
* sympt. ✓ Bp 160/110
* signs < Ptn > ++
* comp } M. or F.
* inv. }

Prodroma
tonic clonic coma → stages
eclampsia

أمثلة على
الحالات
Obst "A"

gestational

ممكن تبقى حاجة
من اثنين

Preeclamtic

* إزاي عرفت
= screening
→ PPS 1hr
> 140 → 3 hr GTT

* إيه مأكلة
DM ⇌ Preg.
↓
- mother
- fetus
- newborn

* إمتى هاتولد؟
as soon as lung
maturity is documented

* إزاي هاتولد؟
في الأغلب وعيرية
علشان macrosomia

* classify! pt.
according to
Priscilla White

* take history for
the medication
insulin
2/3 7 am 1/3 5 pm
R NPH R NPH
1/3 2/3 1/2 1/2

* إيه مشكلة ال
baby هنا
Pl. insuff:

- Abortion
- CFME
- IUGR
- IUFD

* يعني إيه anemia
< 11 gm%. path. anemia
علشان في حاجة اسمها
physiological hemodilution

* إيه ال normal
12-14

1) Prophylaxis: إزاي أعالج
oral Fe 30-60 mg/d

2) therapeutic
→ oral 120-240
→ parenteral Fe dextran
Fe sorbitol
→ packed RBCs

* إزاي
إمتى؟
- S. ferritin ↓
- S. iron ↓
- B.M. stores ↓
- transferrin sat. ↓
= ↑ total Fe binding cap.
الوصفة

كثير + خد بالك في ال valve replacement
في الخلل شبه القلب

* إيه ال normal
sympt. dyspnea
palpit.
lower limb edema
malar flush

signs - peripheral
• SVC
• hyper-dynamic
central
• S1 split
• S3
• syst. murmur (soft)

* إزاي هاتولد؟
في الأغلب طبيعي
small baby
soft ex



* إيه المشاكل

1- Heparin in 1st
trim. & < labor
2- Heparin all through
3- OAC all through.
* إيه علاج
artificial
valve

Heart

Anemia